Fetal Alcohol Spectrum Disorder

(FASD)

A Learning Resource to Strengthen
Fetal Alcohol Spectrum Disorder Awareness
in Middle Level Health Education (grades 7-9)
and Life Transitions 20

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Grade Seven

A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder Awareness

Alcohol and Other Drugs Unit

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Alcohol and Other Drugs Unit:
A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder (FASD) Awareness
Grade 7

F.Y.I.

Schools share responsibility for alcohol and drug education with parents, churches, community organizations, and social agencies.

Health-related information is constantly changing. The purpose of this unit is to enable students to access and evaluate information about alcohol and other drugs that is currently accepted by responsible authorities as well as information that is continually being made available to the public.

Saskatchewan Learning recommends the establishment of a Health Education liaison committee in each community to support the teaching of FASD prevention. Some communities may already have this support in place. A liaison committee made up of students, parents, educators, health professionals, and community members might assist in supporting teachers and coordinating planning. Such committees provide a valuable link between the school and community. For more information about forming committees, see page 5, *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998). This document is available at http://www.sasklearning.gov.sk.ca/docs/health/health6-9/index.html.

The teacher needs to be sensitive to the fact that some students may live in homes where alcohol and/or drug use is evident and/or prevalent; also that some students may be affected by Fetal Alcohol Spectrum Disorder (FASD). The intention of the unit is not to identify those problems or to attempt to correct them. Rather, the focus of the unit is to provide students with the opportunity to gain knowledge about the effects of drug/alcohol use, and help students develop the commitment and skills to make health-enhancing decisions in their own lives.

Teaching this unit after the required sample unit "Assertiveness Skills" gives students opportunities to practise those skills.

Alcohol and Other Drugs Unit: A Learning Resource to Strengthen (FASD) Awareness

Time Frame

This unit will take approximately 10 to 12 class periods to complete. The number will vary depending on whether teachers are working with 30, 45, or 60 minute periods.

Foundational Objectives and Learning Objectives

Level A – Extend Knowledge Base

Foundational Objectives

Students will acquire and evaluate multiple sources of health-related information about alcohol and other drugs, and their use and abuse.

Students will use personal commitment in applying health-related information to various aspects of daily living over which an individual has some degree of control.

Learning Objectives

Students will:
- review that alcohol is a drug and how drugs affect the body
- be aware of the various types of alcohol and drugs
- examine personal knowledge in terms of what they already know and what they want to know (CCT)
- gather accurate, up-to-date information about alcohol and other drugs (and FASD) from a variety of sources
- identify selection criteria for sources of information about alcohol and other drugs, and use the criteria to evaluate the multiple sources of information gathered on these topics
- distinguish between responsible use of alcohol and alcohol abuse
- distinguish between the responsible use of prescriptive drugs and the abuse of illicit drugs as well as over-the-counter drugs
- list the short-term and long-term effects of alcohol and other drugs on health, and the risks associated with substance abuse (e.g., drinking alcohol during pregnancy may cause FASD)
- explain some of the effects that the use and/or abuse of alcohol and other drugs can have on the family
- seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, addiction counsellors, elders, public health nurses, physicians, and members of community agencies and detox facilities)
- identify sources of help
- describe social influences, including advertising, on decisions about drinking; drinking and driving; buying, selling, and using illicit drugs
- identify alternate activities that do not involve alcohol or drugs
- evaluate the information about alcohol and other drugs contained in the multiple resources gathered on these topics.

Level B – Make an Informed Decision

Foundational Objectives

Students will develop the lifelong practice of making health-enhancing decisions.

Students will acknowledge the role of personal commitment in making decisions.

Learning Objectives

Students will:
- identify situations where they may feel pressured or tempted to consume alcohol or use drugs
- review alternate activities that do not involve alcohol or other drugs
- list the consequences of following negative peer pressure rather than asserting healthy decision making
- design and enact role play situations that feature assertiveness skills and strategies of personal commitment to engage in activities that do not involve alcohol or other drugs
- develop a goal statement to participate in activities that do not involve alcohol or other drugs.

Level C – Carry Out an Action Plan

Foundational Objective

Students will practise planning for personal commitment to responsible health action.

Learning Objectives

Students will:

- identify the elements of a well-designed action plan
- construct clear, achievable goals and plan to meet them (IL)
- design action plans that feature personal commitment
- identify the traits and skills of a person who can support personal commitment
- identify criteria and use them to assess the design elements of the action plan
- develop criteria to evaluate the implementation of an action plan.

Overview of Fetal Alcohol Spectrum Disorder (FASD) Prevention Education in Health Education Grades 7-9 and Life Transitions 20

	Grade 7	Grade 8	Grade 9	Life Transitions 20
Sample Unit	**Alcohol and Other Drugs Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Decision-making Process Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Dating and Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception**	**Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention**
Wellness Perspectives	**Commit Self**	**Support Peers**	**Promote Health**	**Manage Change**
Content	• what FASD is • how FASD occurs • how FASD can be prevented	• review of what FASD is, how it occurs, and how it can be prevented • communication strategies to support peers	• review of what FASD is, how it occurs, and how it can be prevented • effects of FASD on the family and community • communication strategies to promote health	• review of what FASD is, how it occurs, how it can be prevented, and its effect on the family and community • strategies for managing the changes needed to prevent FASD
Process	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise decision-making skills to commit self	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise strategies to support peers	• practise sound research skills • practise leadership skills and health promotion strategies • promote community supports and services related to the prevention of FASD	• practise sound research skills • study sexuality issues, human reproduction, and pregnancy options • reflect on personal strategies for managing change within the context of FASD prevention
Suggested Activities	• experiments • commit self scenarios • consequence wheel	• imaging activity • support peers scenarios	• interviews • promote health scenarios	• lifeline • project (display, debate)
Suggested Resources	• appendices – information about FASD, alcohol, other drugs; experiments and consequence wheel guidelines; scenarios; letter/Midori • books about alcohol, drugs, FASD; websites; human resources • video – *Don't Drain your Brain: How Alcohol Damages the Brain*	• appendices – FASD information, T/F page, imaging, scenarios, sample action plan • books about supporting peers, FASD; websites; human resources • videos – *FAS: When the Children Grow Up* and *With Child, Without Alcohol* (selected segments)	• appendices – FASD information, information about alcohol and dating issues, personal standards, scenarios • books about dating; websites; human resources	• appendices – information about FASD and testing newborns for alcohol exposure • books, websites, human resources • videos – *FAS Forward: A Fresh Look at Fetal Alcohol Syndrome; With Child, Without Alcohol* (selected segments) and *The Final Score: Winning Against FAS*

Unit At a Glance

Decision-making Process	Content	Resources
Level A – Extend Knowledge Base		
1. Reflect on what you know about the issue.	Provide overview of unit	
	Explore meaning of "drug"	Appendix 3
	Establish difference between responsible use and abuse	Appendix 4
2. Research the issue. Find the facts.	Establish what students need/want to learn	Appendix 2
	Research and share information	Appendices 6-12
		Appendix 19 Video: *Don't Drain Your Brain: How Alcohol Damages the Brain*
	Explore peer and societal pressures regarding the use of alcohol or other drugs	Appendix 13
Level B – Make an Informed Decision		
3. State the challenge. Explore alternatives and consequences.	Explore pressures and perceptions around the use of drugs and role play/discuss ways to resist those pressures	Appendices 13, 14
	Discuss/role play decision-making scenarios, identify short and long-term consequences of various responses and choose the preferred alternative	Appendices 15, 16 Consequence wheel or other activity (Appendix 17)
4. Make a decision. Set a personal goal.	Define personal standards, personal commitment, and establish a personal goal	Appendix 18
Level C – Carry Out Action Plan		
5. Design and apply an action plan.	Design an action plan (individual or class) of personal commitment	
6. Evaluate progress. Revise as needed.	Evaluate and revise as necessary	

Decision-making Process Level A – Extend Knowledge Base
1. Reflect on what you know about the issue.

Learning Objectives
Students will review that alcohol is a drug and how drugs affect the body.

Students will be aware of the various types of alcohol and drugs.

Students will distinguish between responsible use of alcohol and alcohol abuse.

Students will distinguish between the responsible use of prescriptive drugs and the abuse of illicit drugs as well as over-the-counter drugs.

Students will examine personal knowledge in terms of what they already know and what they want to know (CCT).

Students will identify sources of help.

Instructional Strategies/Methods	**Teaching Notes**
	In order for parents and caregivers to support what students are learning in this unit, the teacher may choose to send a letter to students' homes regarding the objectives and content of this unit (see Appendix 1 for a sample letter).
Direct Instruction: structured overview	Use a wall chart of the Decision-making Process as a visual aid while providing an overview of this Alcohol and Other Drugs unit. This overview informs students of what they will learn and do throughout the three levels of the decision-making process and allows students time to think about what they already know and what they want and need to know about alcohol and other drugs. Remind students that the perspective for Grade 7 is "commit self".
See Appendix 2 for FASD background information for teachers.	Considering that this unit of study may introduce many new terms, it may be helpful to designate a section of a bulletin board as "Words to Know", adding various terms as the unit progresses. Check with students periodically to ensure they know the meanings of the words and can use them in meaningful ways.
Interactive Instruction: question and answer	Write the term DRUGS in large letters on the chalkboard. Discuss the meaning of the term. Use Appendix 3: What are Drugs? Read aloud each statement and ask students whether they think the activity/behaviour involves drugs. Note that all involve drugs. Point out, however, that not all drugs have equal effects on our bodies, minds, friends, families, and communities.
Interactive Instruction: brainstorming	Write the five categories of drugs – prescription drugs, over-the-counter drugs, alcohol, tobacco, and illegal (street) drugs on the chalkboard and brainstorm examples for each (if students have difficulty brainstorming, see Appendix 4: Key Understandings About Alcohol and Other Drugs for examples). Explain that this unit will touch on prescription and over-the-counter drugs but will deal primarily with nicotine, alcohol, and other drugs.
Interactive Instruction: discussion	Discuss legal drugs, illegal (street) drugs, and the legal restrictions for some drugs. Identify alcohol as a legal drug and the age categories to which the legality applies. In Saskatchewan, for example, it is against the law for youth under the age of 19 to buy or consume alcoholic beverages. Point out that the law is designed to protect youth.

Instructional Strategies/Methods

Teaching Notes

Interactive Instruction: cooperative groups

Discuss drug use and drug abuse. Have students work with partners or in small groups. Assign a category (i.e., prescription, over-the-counter, tobacco, alcohol, illegal drugs) of drug to each group. Direct students to discuss and create charts to answer questions such as the following:
- Is there responsible use of …?
- What is responsible use of …?
- What is abuse of …?
- What if a person who is pregnant uses …?
- Is the drug … addictive?

Interactive Instruction: discussion

In answering the above questions, students may identify both behaviours of people who use drugs and criteria concerning the use of the drug. As well, students may identify physical, social, mental, and psychological effects of use or abuse. Discuss. (The teacher may refer to Appendix 4: Key Understandings About Alcohol and Other Drugs for sample answers ensuring that key understandings are discussed.) Explain that students will have the opportunity to review their charts in Level B of the decision-making process in order to confirm and/or change their ideas.

To emphasize the point that drugs may be harmful or beneficial to varying degrees, draw a continuum on the chalkboard and have students suggest where the various drugs they have named might be placed.

Harmful										Useful
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

For example, Insulin for a diabetic might be +5, some cough syrups might be 0, and crystal meth would be -5.

Interactive Instruction: discussion

Write on the chalkboard or make a banner: "Knowledge is Power". Acknowledge what students have indicated they know about the use/abuse of alcohol and other drugs, and discuss some of the gaps that need to be filled and the myths that need to be corrected. Point out that knowledge involves more than having information. Within the context of alcohol and other drugs, for example, it involves:
- Knowing about alcohol and other drugs.
- Understanding why people choose to consume or not to consume alcohol and other drugs (i.e., determinants of health). For information about the determinants of health, see pages 347 and 348 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998.
- Understanding that addiction is a disease and a complex social issue. "Blaming the victim" is counterproductive. Instead, the person who is addicted needs to access medical and addiction services, and receive support from family and/or community.
- Understanding how the use of alcohol and other drugs may affect a person's body, mind, and personality, as well as a person's family and friends.
- Having the skills and support to make decisions and personal commitments that support our own standards.

The teacher and students may use Appendix 5: Population Health Promotion Model as a visual organizer for their discussion.

Instructional Strategies/Methods

Teaching Notes

Interactive Instruction: discussion

Discuss the prevalence of alcohol and other drugs, and the fact that youth are already making decisions about using/not using and will have to continue to do so during their entire lives. Ask students what they would like to know or what they need to know about this topic in order to make informed decisions and personal commitments.

Interactive Instruction: personal reflection

Students, individually or in small groups, may use a chart similar to the following to organize their thoughts.

Drugs	What I want or need to know ...
Prescription drugs	
Over-the-counter drugs	
Alcohol	
Tobacco	
Street drugs	

Interactive Instruction: discussion

To conclude this portion of Level A of the decision-making process, discuss with students the resources (e.g., addiction counselors, Alcoholics Anonymous, help lines) that are available in the community that adults or young people may access if they are using drugs or are affected by the drug use of family or friends. Display a poster or the help line of an agency that students can access. Discuss the line's purpose, under what circumstances the students may call the number, and who will answer the call. Emphasize that the calls will be handled confidentially and that the person answering will listen and then advise where the caller may go for help.

Assessment Techniques

The activities in this part of Level A of the decision-making process may be used primarily as a needs assessment. The teacher may judge from what the students have indicated they know, the questions asked, and the attitudes portrayed, what the students need to learn.

The students may sign and file the charts they created and may refer to the charts at the end of the unit to assess what has been learned.

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts

Learning Objectives
Students will identify selection criteria for sources of information about alcohol and other drugs, and use the criteria to evaluate the multiple sources of information gathered on these topics.

Students will gather accurate, up-to-date information about alcohol and other drugs (and FASD) from a variety of sources.

Students will seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, addiction counsellors, elders, public health nurses, physicians, and members of community agencies and detox facilities) (IL).

Students will list the short-term and long-term effects of alcohol and other drugs on health, and the risks associated with substance abuse (e.g., drinking alcohol during pregnancy may cause FASD).

Students will evaluate the information about alcohol and other drugs contained in the multiple resources gathered on these topics.

Instructional Strategies/Methods	**Teaching Notes**
Independent Study: personal reflection	Have students reflect on their own standards, as identified in Grade 6, regarding the use of alcohol and other drugs. Refer to Level B of the Grade 7 Decision-making Process sample unit that was taught at the beginning of the school year to review with students their personal commitments. Students may then complete a sentence like the following in their journals, "Alcohol and other drugs: My personal standard is ...". Following that, students may write a personal commitment statement such as, "Alcohol and other drugs: My personal commitment is …". Indicate that the statements may reflect students' current thoughts and that students may make changes later in the unit. Students may or may not wish to discuss what they wrote.
Interactive Instruction: brainstorming and discussion	Brainstorm with students the criteria to use when evaluating resources. Distribute copies of the "Sample Checklist for Evaluating Health-related Sources of Information" and the "Sample Checklist for Evaluating Health-related Information," Appendix 7-B and 7-C in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9),* 1998. Students may place copies of these checklists in their notebooks and use them during the research. Discuss the criteria as they apply to books, videos, news articles, Internet sites, as well as human resources. Emphasize the importance of using criteria to evaluate sources, especially on the Internet where anyone can create a website and post information. Refer to the checklists mentioned above throughout the research period. Have students apply the criteria to the resources students consult, including people who are invited to class and people the students might interview.
Independent Study: personal reflection	Students may refer to the list of drugs brainstormed earlier and add to it. Students may then choose a particular drug or type of drug, write down three or more questions to research, and determine a target date for completing the research. Some questions to consider include: • What is the history of the drug? • What is the drug made of? How is it made? • What laws relate to this drug? Is it legal? In what circumstances? • Why do people take it? What is the appeal? • Why do people NOT take it?

Instructional Strategies/Methods

Teaching Notes

- How does it affect the different parts of the user's body (e.g., brain, heart, lungs)? Consider both short and long-term effects.
- Does the drug affect a user's behaviour (e.g., speech, decision making, assertiveness, how friends are treated)? Consider both short and long-term effects.
- What is responsible use? Abuse? Addiction?
- How does the drug affect a pregnant woman and the fetus? What responsibilities do the mother and father have for the fetus? For the baby?
- What factors may influence a person's decisions about the drug?
- Why do some youth commit to abstinence from drug use but behave in ways that contradict their commitment?

Independent Study: research

Interactive Instruction: discussion, video

The teacher may provide the necessary resources or discuss various reliable sources and websites that students may access (see Appendix 19 for a resource list). The information pages in Appendices 6-11 and the video *Don't Drain Your Brain: How Alcohol Damages the Brain* may also be used as part of student research. Teachers may decide how best to share this information with students.

The research may be done in class as well as a homework assignment. Students may use a chart similar to the one below to record their questions and researched answers. A similar chart may also be used to compile the information the class researched.

Drugs	What I want or need to know ...	What I found out ...	Source(s) consulted:
Prescription Drugs			
Over-the-counter drugs			
Alcohol			
Tobacco			
Street drugs			

Experiential Instruction: experiment

As part of their research, a group of students or the whole class may do the Brine Shrimp or the Egg/Alcohol Experiment. These experiments provide students with a powerful message concerning the effect of alcohol on living organisms. See Appendix 12: Experiment for instructions.

Interactive Instruction: cooperative learning groups

Students may plan to share their research in a number of different ways:

- Post the questions chosen to research along with answers and add other significant information learned. This may be done orally or on chart paper.
- Create a Power Point presentation.
- Create a website using Dreamweaver or another program.
- Use a jigsaw method where each group shares what has been learned with another group and then rotates until all groups have communicated with one another.
- Design other ways to share.

Instructional Strategies/Methods	Teaching Notes
Independent Learning: personal reflection	When the students have completed and shared their research, have them reflect on what they learned and how their acquired knowledge may affect their "personal commitment". Students may refer to the charts on drug use/abuse created earlier in Level A and confirm what was written or make changes. Students may also refer to their journals and confirm or revise what students wrote about their personal standards and "commitment."

An important note regarding some FASD websites: Some websites claim that there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies the assessments were done only with newborn babies. The researchers may not have realized at the time that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways.
- It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?

Student Assessment Techniques
In this part of Level A, it is important that students fully understand what drugs are, how the various drugs affect the body in both the short and long term, the difference between legal and illegal drugs, what constitutes responsible use and abuse of drugs, and the risks associated with abuse.

Student Evaluation Techniques
The teacher may use a grading/marking system to indicate how adequately students researched their questions and presented their findings. The teacher and students should establish ahead of time the expectations and the criteria for the range of marks. The "Checklist to Assess Student's Ability to Use Information in Reading for Meaning" [*Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998), page 49] may be used or adapted for this purpose. For example, in adapting it, the teacher and students may change it from a checklist to using a scale of 1 to 3 to evaluate the criteria listed.

Decision-making Process

Level A – Extend Knowledge Base

1. Reflect on what you know about the issue.
2. Research the issue. Find the facts

Learning Objectives

Students will describe social influences, including advertising, on decisions about drinking; drinking and driving; buying, selling, and using illicit drugs.

Students will explain some of the effects that the use and/or abuse of alcohol and other drugs can have on the family.

Students will identify alternate activities that do not involve alcohol or drugs.

Instructional Strategies/Methods

Interactive Instruction:
discussion
and/or
cooperative learning
groups

Teaching Notes

Concurrent with students' research, the teacher and students may explore societal conditions that may influence (positively or negatively) our choices regarding alcohol and other drugs (see Appendix 13 for teacher notes). For the discussion, the teacher may choose to have students work with partners or in small groups to discuss questions such as the following:

- Does a young person's family influence whether the person will choose to drink alcohol? How strong is that influence?
- Do you think students' achievement at school or how they are treated at school has anything to do with their choices about alcohol/drugs? Explain your thinking.
- Do you think friends or peers might influence whether or how much a person chooses to drink or use drugs? How great or how little do you think this influence might be?
- Can a person's community influence how much a person drinks? Why or why not? If yes how?
- Adults tend to think that young people are "more vulnerable" than adults when it comes to being exposed to alcohol and other drugs. What do you think?
- Where have you seen advertising for prescription or non-prescription drugs, alcohol, or tobacco products? What messages do people get from these commercials? Does the warning label on cigarette packages discourage young people from smoking? Why or why not?
- Have you seen messages warning against drinking and driving? How effective are they?
- What shows have you seen where the characters who used, bought, or sold drugs were the "bad guys", the "good guys", or the "funny guys"? What messages may these movies give to young people?

Interactive Instruction:
discussion
and/or
cooperative learning
groups

Students may hand in their notes as part of their assessment for Level A of the decision-making process.

The teacher and students may choose to find and share visuals or television clips to illustrate media portrayal of alcohol and have the class critique them. Information may be organized in the following way:

Instructional Strategies/Methods

Teaching Notes

Media portrayal of alcohol use:	**Reality** of alcohol use:
• Young people at a party laughing, getting along, and having fun.	• Parties may turn ugly with fighting, sexual assault, and police involvement.
• Everyone seems fit, thin, and attractive.	• High calories and lack of nutrients may cause weight gain (e.g., beer belly).
• People drinking but not getting drunk.	• People drinking too much may end the evening on their knees in front of a toilet bowl in a grubby bathroom.
• People being reasonable.	• People may make decisions regretted later.
• People being glamorous, hip, or cool. • No evidence of addictions.	• People drinking alcohol may become loud, slur their words, and lose their balance. • Addictive.

Interactive Instruction: discussion

Discuss with students the concept of actions and consequences, emphasizing that their personal commitments regarding the use of alcohol and other drugs have consequences for students personally and for their families and friends.

Interactive Instruction: cooperative learning

As an example of those consequences, review with students the information about FASD in Appendices 2, 6-11 along with the results of the Brine Shrimp or Egg/Alcohol Experiment. Information may be discussed in small groups, in a jigsaw format, learning stations, or other formats.

Some of the key points to emphasize about FASD follow:

- People should have empathy for those affected by FASD and not blame the families. Parents may have had addiction problems, been unaware of the pregnancy, or been unaware of the risks associated with alcohol consumption.
- FASD is a lifelong disability that cannot be cured.
- Although some people affected by FASD can, with a lot of help, learn to live normal lives, for many it is a very difficult road.
- People should understand how they can avoid the risks of disabilities caused by alcohol and other drug consumption if and when they have their own children.
- FASD is not only a woman's issue but also a family and community issue. The father has a major responsibility in supporting his partner in having a healthy pregnancy.
- No amount of alcohol is safe, there are no safe drinks (e.g., a beer and a glass of wine have about the same amount of alcohol), and there is no safe time during the pregnancy to consume alcohol.

Interactive Instruction: discussion

Have students suggest various situations (or use the ones listed below) where people's decisions about the use of alcohol and other drugs affect not only themselves but also their families, friends, and communities. Considering the situations, ask, "How is the person mentioned affected? Who else might be affected? How are they affected?". Students may identify both positive and negative effects for these situations:

- A young person smokes marijuana spiked with crystal meth.
- After drinking heavily, a teen engages in unprotected sex and becomes pregnant or infected with a STI.
- A group of friends make a pact not to smoke.
- A young woman drinks heavily not knowing she is pregnant.

Instructional Strategies/Methods

Teaching Notes

- After a party, some teens steal a car and go joy riding.
- Some friends have a party in one of their homes while the parents are away.
- A young person, who has been smoking, decides to quit. Friends rally to offer support.
- A young person with an addiction problem resorts to stealing money.
- A youth does not get into a car with a driver who has been drinking.

Interactive Instruction: brainstorming

Lead the above discussion into identifying activities students find enjoyable that do not involve the use of alcohol and other drugs. The teacher and students may brainstorm a list of ideas (e.g., curling, watching DVDs with friends while munching on popcorn, playing pickup games like hockey or frisbee, learning something new like knitting or tai chi, volunteering for a neighbour or organization, starting a small business with a friend shoveling snow or mowing lawns). This list may be developed further in Level B of the decision-making process.

Student Assessment Techniques
In this part of Level A, it is important that students can identify factors that may influence decisions concerning the use of alcohol and other drugs, and the effects those decisions may have on students personally as well as on their families and friends. Students should also be able to list activities that do not involve the use of alcohol and drugs.

Student Evaluation Techniques
The teacher may use a grading/marking system to indicate how students participated in discussions and group activities. The teacher and students may choose to use or adapt one of the templates on pages 52-55 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. It is advisable to establish with students ahead of time the expectations and the criteria for their evaluation.

Decision-making Process

Level B – Make an Informed Decision
3. State a challenge. Explore alternatives and consequences.
4. Make a decision. Set a personal goal.

Learning Objectives

Students will identify situations where they may feel pressured or tempted to consume alcohol or use drugs.

Students will review alternate activities that do not involve alcohol or other drugs.

Students will list the consequences of following peer pressure rather than asserting healthy decision making.

Students will design and enact role play situations that feature assertiveness skills and strategies of personal commitment to engage in activities that do not involve alcohol or other drugs.

Students will develop a goal statement to participate in activities that do not involve alcohol or other drugs.

Instructional Strategies/Methods

Teaching Notes

Interactive Instruction: discussion

Refer to the chart developed in Level A of the various societal influences that may influence one's choices and commitment regarding the use of alcohol and other drugs. Discuss various strategies to deal with these influences in order to make responsible choices. If the sample unit "Assertiveness Skills" has already been taught, review the situations, skills, and phrases students practised in Level B of that unit and apply them to situations involving alcohol and other drugs. Use Appendix 14 for suggestions on how to say no to alcohol.

Using the situations students identified in Level A and/or the scenarios suggested in Appendix 15, have students discuss them with a partner or a small group and develop situations to be presented as role plays. The situations may focus on alternatives and consequences for self, family, and friends. Students should be encouraged to identify the healthiest decisions.

In exploring the consequences and alternatives to the use of alcohol and other drugs, teachers and students may do the following:

- Look at ways to "be your own person" (see the stories in Appendix 16). Students may discuss the teen stories in small groups and may choose to add their own stories, real or imagined.

Interactive Instruction: role plays

- The class creates various scenarios involving alcohol and other drugs that may be relevant now and in the future. Students may role play the situations, exploring various ways of handling the situations and the possible consequences of each, choosing the healthiest response and justifying the choice. The purpose of the role plays is to strengthen students' abilities to generate alternatives and select the best one.

Interactive Instruction: cooperative groups

- Students may work in small groups to create consequence wheels (see Appendix 17 for a sample) on chart paper to identify the consequences of using alcohol or other drugs. Each group of students may begin the wheel with a statement like, "If I choose to drink alcohol …".
- Students may choose to do a financial analysis of drinking alcohol or smoking cigarettes. For example, calculate how much it costs to smoke a pack a day for a week, a month, a year, 10 years, and a lifetime. Students may illustrate what they might buy or do with that amount of money (e.g., one week of smoking versus two favourite CDs, a year of smoking versus a vacation).

Instructional Strategies/Methods

Teaching Notes

- If the use of alcohol and/or other drugs is a current problem for the students in the class, they might choose to identify and participate as a group in activities that do not involve alcohol, tobacco, and/or other drugs for a period of time (e.g., one week).
- Students may wish to create a personal "lifeline". Students may find it difficult to predict their futures. To help them, a generic timeline might be drawn on the chalkboard with input from the whole class. It should begin with the current year and continue with dates marked in five-year intervals until about 30 years from now. Following that class model, students may each draw a personal timeline, indicating what they would like to be doing during each time period. They may then speculate on how their lives would be different if they make certain decisions involving alcohol and other drugs during the next five years. For example, "What if I become addicted to crystal meth?" or "What if I have a child with FASD?".

Independent Study: personal reflections

Have students refer to the notes they made in Level A about their own standards regarding alcohol and other drugs. Have students reflect on the knowledge they have gained through research and discussion, and the skills students have practised. Students may now either affirm the statements they wrote originally or revise them. Students may wish to write a separate statement for each category of drug (see Appendix 18: My Personal Standards for suggested starter statements).

Considering their own standards, students may ask themselves, "So what does this tell me?". For example, if consumption of alcohol and other drugs is an issue with students, they may be encouraged to ask themselves, "Am I drinking? How much am I drinking?". They may then reflect on their personal standards, their personal commitment, and write a goal statement.

Independent Study: reflective writing (goal statements)

Review with students the process of writing goal statements. Have students each write a personal goal statement about the use of alcohol and other drugs. If the use of alcohol and other drugs is a current issue with students, the goal statement may be something like the following:

- My personal goal is to stop smoking.
- I realize now that my parents' drinking is affecting me. My goal is to seek help for myself.

If the use of alcohol and other drugs is not an immediate issue for students, the goal statement may be something like the following:

- I know that it will be necessary for me to be assertive when it comes to making decisions regarding the use of alcohol and other drugs. To help me strengthen these skills, my goal is to participate in role plays that equire me to be assertive.
- I have learned how parents' use of alcohol and other drugs can affect a developing fetus and the child as s/he is growing up. My goal is to do further research on this topic.

Student Assessment Techniques
In Level B, it is important that students apply the knowledge gained in Level A and develop or practise the skills to make responsible decisions regarding the use of alcohol and other drugs. The teacher and/or students may assess the degree to which they met the learning objectives as they discuss and role play scenarios and participate in other activities. Be sure to establish criteria for the role plays in advance.

Student Evaluation Techniques
Use the data collected in Level B to make a judgement and assign a grade or mark that reflects the degree to which the student has achieved the learning objectives.

Decision-making Process Level C – Carry Out an Action Plan

5. Design and apply an action plan.
6. Evaluate progress. Revise as needed.

Learning Objectives

Students will identify the elements of a well-designed action plan.

Students will construct clear, achievable goals and plan to meet them (IL).

Students will design action plans that feature personal commitment.

Students will identify the traits and skills of a person who can support personal commitment.

Students will identify criteria and use them to assess the design element of the action plan.

Students will develop criteria to evaluate the implementation of an action plan.

Instructional Strategies/Methods

Teaching Notes

Interactive Instruction: discussion and demonstration

Review the elements of a well-designed action plan as presented in Level C of the Grade 6 Decision-making Process unit located in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998) on pages 94-97.

Select one of the goal statements students wrote in Level B of this unit. As a class, develop an action plan to meet that goal, following the process outlined in Level C of the Grade 7 Decision-making Process unit [*Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998), pages 184-187]. Ensure that the plan includes a specific personal commitment regarding the use of alcohol and other drugs. While developing the plan, review the traits and skills of a support person as well as the criteria to assess the elements of the action plan and evaluate its implementation.

Post the action plan on chart paper as a model for students' individual action plans.

Independent Study: personal reflections

Students may develop their goal statements from Level B to make their statements more specific to their personal action plans, using the posted model as a guide. For example, using the goal statements mentioned in Level B, the more specific goal statements might be as follows:

- My personal commitment is to not smoke for the next five days.
- I realize now that my parents' drinking is affecting me. My personal commitment is to seek help for myself by contacting … during the next week.
- I know that it will be necessary for me to be assertive when it comes to making decisions regarding the use of alcohol and other drugs. To help me strengthen these skills, my personal commitment is to practise the following skills .... (Note: If alcohol and other drugs are not an issue in the community, this commitment could be developed into a class action plan.)
- I have learned how parents' use of alcohol and other drugs can affect a developing fetus and the child as s/he is growing up. My personal commitment is to do further research on this topic by consulting .... Additional information about this will help support my personal commitment not to drink if and when I am (or partner is) pregnant.

Instructional Strategies/Methods

Independent Study: personal reflections (action plans)

Teaching Notes

The teacher and students may choose to organize their personal or class action plans in the following way:

What criteria will be used to evaluate the success of my plan?	(Consider developing criteria individually, as a class, or using a rubric such as those listed in the assessment box below. The criteria should be established before beginning the action plan.)
What is my goal?	For example, "My personal commitment is to not smoke for the next five days".
Why is this an important goal for me?	(Give all the reasons that come to mind.)
Who will be my support person(s)?	(Keep in mind that a good support person has a positive attitude and will be there to offer encouragement and support. Be sure to have the support person sign your action plan.)
How will I work towards meeting my goal?	(Identify a step-by-step process of meeting the goal.)
What barriers might appear? **How** will I overcome them?	(Identify specific barriers that may appear. Tell how you will deal with them.)
When will I do this?	(Identify specific dates for beginning the action plan, check-in times, and completion of action plan.)
Where will I follow my plan?	(Identify specific locations.)
How will I keep a record so that I can evaluate my plan?	(Consider keeping a log. This might be a daily or hourly diary of actions taken, assistance received, problems encountered, how the problems were dealt with, how you felt about each step in your plan, etc.)

Have students report back on their progress on the established check-in dates. Students may evaluate their progress and revise their plans as needed. On the end date, students and teachers may do a final evaluation and celebrate success.

Student Assessment Techniques
The "Rating Scale for Assessment and Evaluation of Action Plans" and the "Holistic Rating Scale for Assessment and Evaluation of Action Plans" can be found in the "Templates for Assessment and Evaluation" section of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998, pages 67-69. Students may use the template "My Group Skills Performance" found on page 52 to do self-assessments for any group activities. A rubric for evaluating action plans may be found on pages 230 and 231 of the curriculum.

Student Evaluation Techniques
When the action plan has been completed, use the assessment data gathered throughout Level C of the decision-making process to assign a grade or mark. A student's mark for the entire unit is based on assessment data gathered within each of the three levels of the decision-making process.

Appendices for Grade 7 – Alcohol and Other Drugs: Fetal Alcohol Spectrum Disorder (FASD) Prevention

Appendix 1: Sample Letter to Parents/Caregivers
Appendix 2: Background Information for the Teacher – FASD
Appendix 3: What are Drugs?
Appendix 4: Teacher Information Pages – Key Understandings About Alcohol and Other Drugs
Appendix 5: Population Health Promotion Model
Appendix 6: Information Page – Quick Facts About Alcohol
Appendix 7: Information Page – Quick Facts About Tobacco
Appendix 8: Information Page – Newspaper Editorial About Crystal Meth
Appendix 9: Information Page – Q & A About FASD
Appendix 10: Letter from Midori
Appendix 11: Information Page – Surgeon General's Warning
Appendix 12: Experiment
Appendix 13: Teacher Notes Regarding "Societal Conditions"
Appendix 14: Information Page – Saying No
Appendix 15: "Commit Self" Scenarios
Appendix 16: Teens' Stories
Appendix 17: Sample Consequence Wheel
Appendix 18: My Personal Standards
Appendix 19: Resources

Appendix 1: Sample Letter to Parents/Caregivers

Date

Dear Parents/Caregivers,

We are beginning a unit in Health Education on 'Alcohol and Other Drugs'. During the course of this unit, students will gain knowledge about legal and illegal drugs and the effects of their use. Students will also learn about Fetal Alcohol Spectrum Disorder (FASD), what causes it, and how it can be prevented.

Students will understand that they have choices to make regarding the use of alcohol and other drugs. Students will consider various situations, identify possible ways to respond to the situations, and choose the best responses. Students will develop skills to commit themselves to making health-enhancing decisions in their own lives.

If you have questions, concerns, or comments to make regarding this unit, please feel free to call me or write your comments below.

Thank you. We value your continuing support of our Grade 7 health education program.

Teacher's name
School's telephone number

cc: Principal's name

Parent's signature: ______________________________

Comments:

Appendix 2: Background Information for the Teacher – FASD

Teachers should be aware that some of their students may be affected by FASD. Teachers, who would like more information on how to support those students and how other students may be supportive of those with FASD, may refer to a resource such as *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators* (2004), Saskatchewan Learning. A copy of this resource was mailed to all schools. In addition, it is available on the Saskatchewan Learning website at: *http://www.sasklearning.gov.sk.ca/branches/curr/special_ed/docs/misc/fasd2004.pdf.*

Teachers should be sensitive to the fact that some students may display characteristics associated with FASD. The students may or may not be diagnosed with this disorder or the characteristics may be the result of situations other than prenatal exposure to alcohol.

Teachers should also be sensitive to the possibility that a girl in class may be pregnant and may have consumed alcohol. In that case, teachers should be prepared to provide support and referral to appropriate help.

History

Writings by Aristotle, passages in the Bible, laws from the ancient city of Carthage, and findings by physicians in 18th and 19th century England indicate that there was knowledge that alcohol presented a risk for a poor pregnancy outcome. However, this information was lost over time and, in fact, during the 1960s, medical professionals and pregnant women were advised that alcohol might actually help to reduce some of the adverse effects of pregnancy.

Fetal Alcohol Syndrome (FAS) was identified by researchers in France in 1968 and in the United States in 1973. The first public alert in the U.S. was issued in 1977. Health Canada issued a statement regarding the prevention of FAS in 1996.

How Alcohol Affects the Fetus

Alcohol is a teratogen. A teratogen is a substance that interferes with the normal growth and development of the unborn baby. Specifically, alcohol is called a neurobehavioral teratogen because it can cause damage to the brain and can subsequently change behaviour. All other organs are also vulnerable to damage by alcohol. Damage to other organs can be diagnosed early and may be treated. Damage to the brain, however, is invisible and may not be obvious until later in the person's life. As such, the condition may go undiagnosed or be misdiagnosed. This can result in inappropriate reaction to behaviours. Instead of changing the environment and providing appropriate support, the behaviour may be punished.

Range or Spectrum of Disorders

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to a range of disabilities caused by alcohol consumption during pregnancy.

Fetal Alcohol Syndrome (FAS) describes a person with the full syndrome of identifying facial features, slow growth, and central nervous system damage:

- Facial features may include small eye openings, little or no groove between nose and upper lip, and flattened mid-face.
- Slow growth may include low birth weight, weight loss not due to poor nutrition, and low weight to height ratio.
- Central nervous system damage may include small head size at birth or structural abnormalities of the brain. This may cause hearing loss and/or interfere with the development of fine motor skills, eye-hand coordination, and walking gait.

Partial Fetal Alcohol Syndrome (pFAS) describes a person with some but not all of the facial features of FAS and one or more of the following:

- central nervous system abnormalities
- a pattern of behaviour or cognitive abnormalities that are not age appropriate and cannot be explained by heredity or environment alone
- growth delay.

Appendix 2 (continued): Background Information for the Teacher – FASD

Alcohol Related Neurodevelopmental Disorder (ARND) is the most common form of FASD and describes a person with no physical signs (invisible form) of FAS but with one or both of the following:

- central nervous system abnormalities
- a pattern of behavioural or cognitive impairments (e.g., difficulties with school performance, abstract thinking, impulse control, social skills, language and math skills, and/or problems with memory, attention and judgement).

Characteristics of People with FASD

The following may be observed:

- learning and memory difficulties
- language processing difficulties
- speech and language deficits
- behavioural problems
- poor comprehension of social rules and expectations
- sensory, hearing, and vision deficits
- short attention span
- impulsive behaviours
- coordination and motor skill deficits
- easily overwhelmed and over stimulated
- hyperactivity.

Risk Factors Associated with Drinking Alcohol During Pregnancy

No one can predict which infants born to mothers who drink will be affected, nor can anyone predict how severe these effects will be. There is no safe time or safe amount of alcohol to drink during pregnancy. Stopping drinking at any time during the pregnancy will decrease the potential amount of damage to the developing fetus. Following is a list of risk factors:

- **The time in the pregnancy at which alcohol is consumed**. Damage to the fetus can occur anytime during the pregnancy. Alcohol can affect whatever growth or development is taking place at the time of the mother's consumption. The unborn baby's brain develops throughout the pregnancy and is always vulnerable to alcohol.
- **The amount of alcohol consumed during the pregnancy**. There is significant risk of damage to the fetus as well as stillbirth and spontaneous abortion with "heavy" drinking. However, no one knows how much alcohol a pregnant woman can drink without hurting the baby. "Binge" drinking (four or five drinks for adults in a drinking episode) sharply raises the amount of alcohol in the blood and greatly increases the risk to the baby.
- **Individual susceptibility to alcohol**. Genetic factors determine the baby's ability to deal with the alcohol in its system and how quickly the alcohol in the baby's system can be broken down.
- **Nutrition**. Alcohol affects how the placenta transfers important nutrients necessary for fetal growth. Good nutrition for the fetus is important throughout the entire pregnancy.
- **Additional risks**. Damage to the baby due to prenatal alcohol exposure may be compounded if the mother has poor nutritional status, smokes, is in poor health, is under increased stress, and/or uses other drugs.

Prevention

Fetal Alcohol Spectrum Disorder is preventable by not drinking alcohol during pregnancy. If a woman is planning a pregnancy, she should decide to stop drinking before becoming pregnant. The safest decision a woman can make is to completely avoid beer, wine, and hard liquor during her pregnancy. It is important to remember that many people may need professional help in order to stop using alcohol, tobacco, and other drugs. Women who need assistance to stop drinking during pregnancy should be advised to consult with their doctors or should be directed to agencies that can assist them to stop drinking.

Adapted from *Fetal Alcohol Syndrome: A Resource for Professionals*, p.2; *Facts On Fetal Alcohol Spectrum Disorder* (2004); and *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators*, pp. 3.12-3.14, with permission.

Appendix 3: What are Drugs?

Do these activities involve taking or using drugs?

- Smoking a cigarette
- Smoking marijuana
- Taking Aspirin for a headache
- Drinking coffee
- Drinking a can of coke
- Drinking a glass of wine
- Drinking a glass of champagne
- Taking crystal meth
- Drinking a berry cooler
- Sniffing lighter fluid
- Swallowing a pill prescribed by a doctor
- Sniffing cocaine
- Injecting cocaine
- Drinking wine at communion in church
- Sniffing gasoline
- Drinking homemade beer
- Taking an antihistamine to relieve allergies
- Swallowing some cough syrup
- Drinking tea
- Chewing tobacco
- Drinking a light beer
- Taking a herbal medicine bought at a health food store
- Smoking a cigar
- Drinking homemade wine
- Taking ecstasy
- Sniffing hair spray

A drug is a chemical that changes the way your body works or affects how you feel, think or act.

Appendix 4: Teacher Information Pages – Key Understandings About Alcohol and Other Drugs

Key Understandings About Prescription Drugs

Examples of prescription drugs

- Ritalin (attention deficit/hyperactivity disorder – ADHD), Accutane (acne), Allegra (allergies, hay fever), Insulin (diabetes), Prozac (depression), Prednisone (Lupus), Nicotine Patches (stop smoking), Tamoxifen (breast cancer), Vioxx (arthritis), Depo-Provera (birth control), Viagra (impotence)
- Demerol, Morphine, Tylenol with Codeine (pain)
- Note: Some legal drugs (e.g., Ritalin) may be sold or used illegally as street drugs.

What is responsible use?

- Take the drug in the recommended doses.
- Take as indicated, even if you are feeling better.
- Take only if prescribed for you.
- Read carefully what the doctor or pharmacist has stated about possible side effects.
- Be sure your doctor knows if you are taking other drugs. Remember that drugs can interact inside your body. These interactions can affect you with unintended results.
- Watch for side effects and consult your doctor if they occur.
- Take only before the expiry date.
- Watch for possible allergic reactions.

What is abuse?

- Taking drugs prescribed for someone else.
- Taking the drug in different doses than what is recommended.
- Taking drugs that you do not need.
- Consuming alcohol while using prescription medications.

What if you are pregnant?

- The rules change.
- Remember that what a pregnant woman consumes, the fetus consumes as well.
- The drug is prescribed for a person who is your weight and your age, NOT for an unborn child.
- Be sure that your doctor knows, before s/he writes a prescription, that you are (might be or might become) pregnant.
- Note that even some prescriptions for acne (e.g., Accutane) say that the drug should not be taken for at least two months before you become pregnant.
- If you took some prescription drugs that may be harmful to the fetus before you knew you were pregnant, it is not too late to stop. Stopping as soon as you know may reduce the risk of damage. Talk to your doctor.

Can you become addicted?

- Some prescription drugs are addictive. Always check with your doctor or pharmacist.

Appendix 4 (continued): Teacher Information Pages – Key Understandings About Alcohol and Other Drugs

Key Understandings About Over-the-Counter Drugs

Examples of over-the-counter drugs

- Antacid, Tums, Gaviscon, Rolaids (indigestion)
- Aspirin, Advil, Tylenol, Ibuprofin, Robax (pain)
- Beano (gas), Imodium (diarrhea), Pepcid (heartburn), Benadryl (allergies), Clear Eyes (eye drops)
- Contac, NeoCitran, Fisherman's Friend (coughs, colds)

What is responsible use?

- Take the drug in the recommended doses.
- Take only when needed.
- Read carefully what is stated about possible side effects.
- Watch for side effects and stop taking it or consult your doctor if there are problems.
- Watch for possible allergic reactions.
- Be careful if you are taking other drugs. Remember that drugs (including alcohol) can interact inside your body. Taken in combination, they can affect you in unexpected ways. Consult the pharmacist or your doctor.

What is abuse?

- Taking drugs you do not need.
- Taking the prescription or over-the-counter drug in higher or lower doses than what is recommended.
- Taking the drug differently than what is recommended (e.g., swallowing rather than gargling).
- Consuming alcohol while using over-the-counter medications.

What if you are pregnant?

- The rules change.
- Be sure to consult your doctor or the pharmacist if you are (plan to be or think you might be) pregnant or breast-feeding and read carefully any warning for a pregnant person.
- Remember that what a pregnant woman consumes, the fetus consumes as well.
- A drug that may be recommended for a person who is your weight and your age, may be very harmful for an unborn child.
- If you have taken drugs that may be harmful to the fetus before you knew you were pregnant, it is not too late to stop. Stopping as soon as you know may reduce the risk of damage.

Can you become addicted?

- Some over-the-counter drugs may be addictive if taken regularly and over a long period of time. Always check with your doctor or pharmacist.

Key Understandings About Alcohol

What is responsible use?

- Under 19? Drink water, juice, milk, or pop instead of alcoholic beverages.
- Over 19? Choose not to drink or drink moderately (i.e., not regularly and only one or a few drinks on occasion). Do not drink alcohol if you are pregnant or might become pregnant.
- Never drink and drive.

What is abuse?

- Under age drinking.
- Combining alcohol with other drugs.
- Drinking that affects your life in a negative way (e.g., being late for school or work).
- Drinking that affects another person's life in a negative way (e.g., verbal abuse).
- Binge drinking.

How can drinking alcohol affect you?

- Drinking alcohol may affect how you grow and develop. A person's body grows and develops from the first stage of pregnancy until the person is an adult. Alcohol can interfere with this development, especially the development of the brain. A young person who drinks alcohol regularly will likely experience brain damage. This person may also experience damage to other organs such as the liver, kidneys, and heart.
- Drinking alcohol may affect how you feel. It may make a person feel more relaxed, care-free, and happy. It may also make you feel sick, light-headed, or weak and cause a "hang-over" the next day.
- Drinking alcohol may affect your thinking. For example, thinking may become fuzzy or a person may make illogical decisions that may be regretted later.
- Drinking alcohol may affect your behaviour. For example, a person who is usually talkative may become quiet or a person who is usually kind may become nasty.

What if you are pregnant?

- The rules change.
- Remember that what a pregnant woman consumes, the fetus consumes as well.
- Drinking alcohol can cause lifelong physical, mental, social, and health-related damage to the child. The damage may affect the child's health as well as learning, behaviour, and social skills.
- When a woman is pregnant or breast-feeding, there is no safe kind, no safe amount, and no safe time to drink alcohol.
- If you have had some alcoholic drinks before you knew you were pregnant, it is not too late to stop. Stopping as soon as you know can reduce the risk of damage to the fetus.
- A safe pregnancy is not only the woman's responsibility. Her family, friends, and especially her partner have a responsibility to support her by choosing not to drink alcohol themselves.

Can you become addicted?

- Yes.
- People who cannot control how much they drink or who drink regularly as a coping strategy, are in danger of developing an addiction to alcohol.
- Young people can become addicted much more quickly than most adults.
- People who are addicted or want to support others who are addicted, can get help (see Appendix 19: Resources).

Appendix 4 (continued): Teacher Information Pages – Key Understandings About Alcohol and Other Drugs

Key Understandings About Tobacco Products and Illegal Drugs

Examples of tobacco products
- Cigarettes
- Cigars
- Chewing tobacco
- Pipe tobacco
- Snuff.

Examples of street drugs (along with some common street terms)
- Methamphetamine (crystal meth, meth, ice, speed, crank, glass)
- Marijuana (pot, grass, bud, dope, hydro, boom)
- MDMA (Ecstasy)
- Crack Cocaine (crack, coke)
- Heroin (smack, jink, brown sugar, dope, horse, skunk)
- Steroids (roids).

Note: Some legal drugs (e.g., Ritalin) may be sold or used illegally as street drugs.

What is responsible use?
- Although tobacco products are legal drugs for people over the age of 18, their use is high risk.
- Tobacco is the only legal drug that, when used as recommended, can kill you.
- There is no responsible use of illegal drugs.

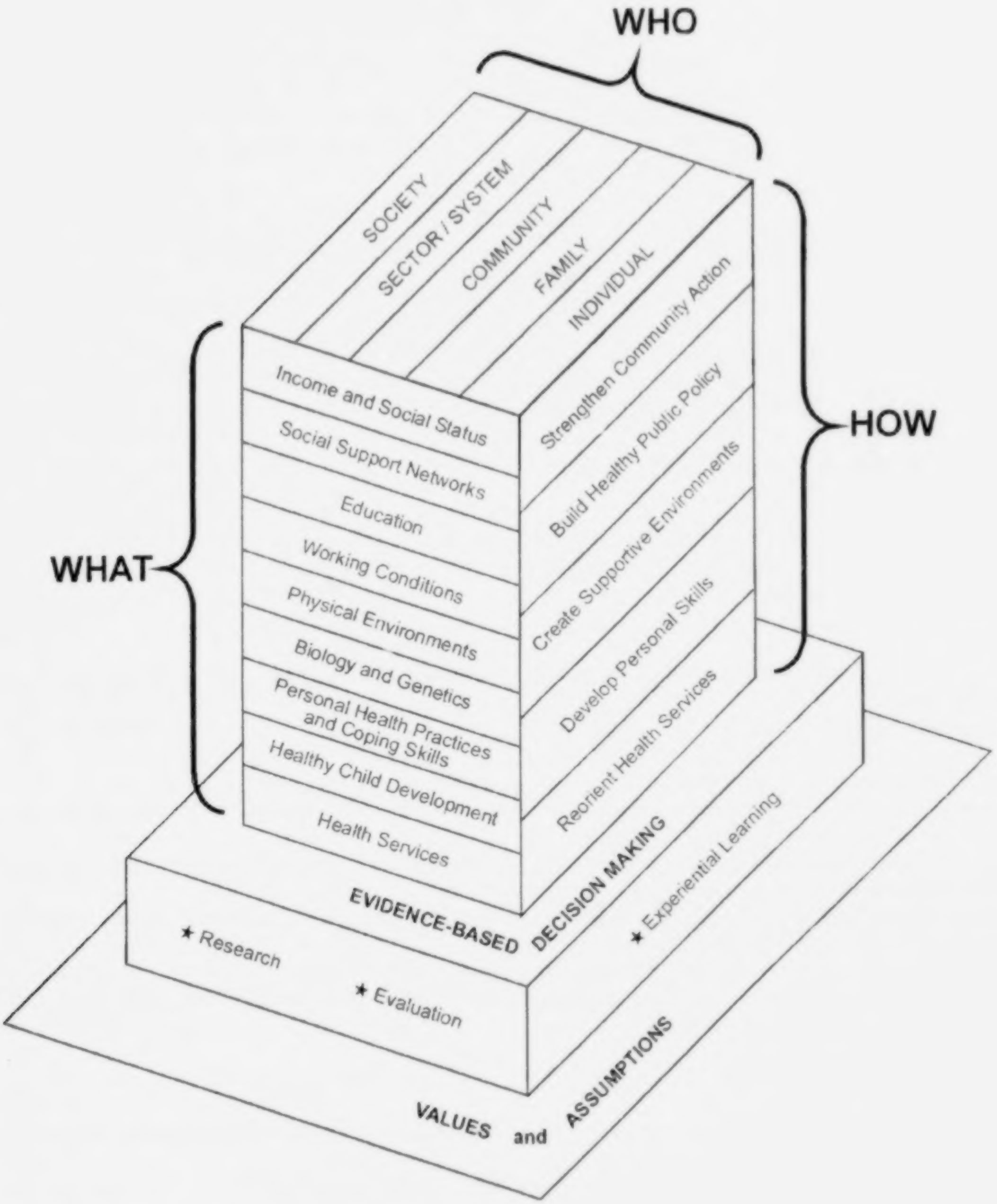
What is abuse?
- Research has shown that using tobacco products and breathing second-hand smoke affect people in unhealthy ways.
- Any use of street drugs is abuse.

What if you are pregnant or breast-feeding?
- Remember that what a pregnant woman takes in, the fetus takes in. What a breast-feeding mother consumes, the nursing baby consumes as well.
- Using any tobacco products or taking illegal drugs can cause lifelong physical, mental, social, and emotional damage to the child.
- If you have used tobacco, consumed alcohol, or taken illegal drugs before you knew you were pregnant, it is not too late to stop. Stopping as soon as you know can reduce the risk of damage.
- A safe pregnancy is not only the woman's responsibility. Both men and women in her family, circle of friends, and especially her partner have a responsibility to help provide a smoke and drug-free environment for a pregnant woman and a young child.

Can you become addicted?
- Yes.
- The nicotine in tobacco products is very addictive. Young people can become addicted much more quickly than adults.
- Street drugs are very addictive. Some can have a person "hooked" after only one or two doses. Youth can become addicted more quickly than adults.
- Street drugs may be mixed together. A highly addictive drug may be added to a less addictive one to hook someone more quickly and unknowingly.

Appendix 5: Population Health Promotion Model

Population Health Promotion Model


WHO
SOCIETY
SECTOR / SYSTEM
COMMUNITY
FAMILY
INDIVIDUAL
HOW
Strengthen Community Action
Build Healthy Public Policy
Create Supportive Environments
Develop Personal Skills
Reorient Health Services
WHAT
Income and Social Status
Social Support Networks
Education
Working Conditions
Physical Environments
Biology and Genetics
Personal Health Practices and Coping Skills
Healthy Child Development
Health Services
EVIDENCE-BASED DECISION MAKING
✶ Research
✶ Evaluation
✶ Experiential Learning
VALUES and ASSUMPTIONS

Source:
Hamilton & Tariq (1996)
Health Promotion Development Division, Health Canada

From *Population Health Promotion Model: A Resource Binder*, with permission from Saskatchewan Health.

Appendix 6: Information Page – Quick Facts About Alcohol

Examples of alcoholic drinks

- Beers (lager, ale, and stout)
- Wines (white, red, and sparkling wines like champagne) and fortified wines (sherry, port, vermouth)
- Coolers and ciders
- Spirits (e.g., whisky, gin, vodka, brandy, rum) and liqueurs.

Note: A glass of wine, bottle of beer, or glass of spirits all contain about the same amount of alcohol.

How is it made?

- Alcohol is a clear, white chemical called ethyl alcohol or ethanol. It is made from fruits, vegetables, or grains using a process of fermentation and distillation.
- Beer is made from hops or barley. Yeast is added for fermentation.

How does alcohol affect the body?

- It makes the heart beat faster, speeding up the rate that blood travels through the body.
- The liver breaks down the alcohol and gets rid of it and other toxins from the body. But this takes time. It takes the liver about an hour to cope with one drink. Alcohol may damage both the stomach and the liver.
- It takes only seconds for alcohol to reach the brain. Alcohol affects people differently. Generally speaking, alcohol causes fuzzy thinking, slurred speech, difficulty with making rational decisions, and behaviour that may be unusual. For example, a calm, reasonable person might want to fight after a few drinks. Alcohol also kills brain cells and can interfere with brain development during childhood and adolescence.
- It is addictive. For adults, it usually takes a long time and a lot of drinking to reach that stage. But for young people, because their bodies are still developing, addiction can happen much more quickly.

Note: For the article *Teen Binge Drinking Can Do Long-Term Brain Damage* by Amy Norton, refer to the following website: http://www.rense.com/general63/dolon.htm.

What are my choices?

- You can choose not to drink. About 25% of adults do not drink. The majority of the other 75% do so in moderation. Many young people choose not to drink.
- You can decide what is right for you. You can choose what, where, when, and if you will or will not drink.

How can an adult drink alcohol responsibly?

- Provide non-alcoholic alternatives at a social gathering.
- Always have food with alcohol. Food causes the alcohol to be absorbed into the body more slowly.
- Have juice, water, or a soft drink before or after an alcoholic drink.
- Do not mix drinks (e.g., a glass of wine and then a drink of rum).
- Do not mix alcohol with prescription drugs or other drugs. Alcohol and other drugs together can interact with each other and have very different or more intense reactions in your body.
- Drink only on certain occasions and not regularly. "Needing" a drink is dangerous.
- Have only one or two alcoholic beverages on any given occasion. Avoid "binge" drinking (i.e., for adults four or more drinks on one occasion, for youth fewer than that).
- Plan how much you are going to drink and stick with your plan.
- Do not pressure others into having drinks and do not let others pressure you.
- Never drink and drive or ride with a driver who has been drinking.

How about drinking when you are pregnant?

- Whatever the mother eats or drinks, the fetus consumes as well.
- It takes the fetus about nine months to grow and develop. Alcohol can interfere with this development causing problems with the brain, heart, liver, and physical features of the unborn child.
- Drinking during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD), which is a lifelong disability that cannot be cured.
- No one knows if there is a safe amount or a safe time to drink while pregnant. The best rule is: If you are pregnant, do not drink. If you drink, do not get pregnant.
- An alcohol-free pregnancy is not only the pregnant woman's responsibility. Her family or circle of friends, and especially her partner, have a responsibility to support her and refrain from drinking alcohol along with her.

Appendix 7: Information Page – Quick Facts About Tobacco

What is in tobacco?

- Tobacco smoke from a cigarette, cigar, or pipe contains more than 4,000 chemicals. Sixty of them are known to cause cancer.
- Nicotine, an active ingredient in tobacco, is a highly addictive drug that acts as a stimulant, causing your heart rate and blood pressure to rise.
- Carbon monoxide, also present in tobacco smoke, is the same poisonous gas found in automobile exhaust. It decreases the amount of oxygen your blood can carry.
- The solid particles in tobacco smoke, consisting of hundreds of chemicals, are called tar. Tar prevents the normal exchange of oxygen and carbon dioxide in your lungs, contributing to shortness of breath and lack of endurance. As you smoke, tar coats your lungs and increases your risk of lung cancer.
- Other poisons in tobacco smoke include cyanide, formaldehyde, arsenic, and acetone.

How can smoking hurt me?

- Every year, more than 40,000 Canadians die from the effects of smoking. Many more live with diseased lungs and hearts.
- Cigarette smoking has been proven to be a major factor in lung cancer, heart disease, and strokes.
- Smoking increases your risk of developing emphysema, chronic bronchitis, asthma, stomach ulcers, blocked blood vessels, and various kinds of cancer.

Is chewing tobacco safe?

- All tobacco products contain many cancer-causing agents.
- Snuff and chewing tobacco are not considered safe alternatives to smoking.

How can smoking hurt others?

- Secondhand smoke is smoke exhaled by smokers and smoke that comes from burning cigarettes. This smoke releases more deadly chemicals than inhaled smoke because it burns at a lower temperature than the smoke that is inhaled.
- Secondhand smoke can cause eye irritation, headaches, nasal problems, coughing, decreased concentration, and nausea.
- An analysis of 15 Canadian brands of cigarettes showed secondhand smoke contains three times more tar, 40 times more ammonia, 10 times more benzene (a poison used in insecticides), five times more carbon monoxide, and multiples of many other chemicals than inhaled smoke. (Source: *Heart and Stroke Lifelines* and the Heart and Stroke Foundation of Alberta & N.W.T.)
- Children whose parents smoke tend to have more chest infections, ear infections, and lung problems (such as asthma) than children of nonsmokers.
- Children's respiratory rate is higher than that of adults and their bodies are smaller. This makes them very vulnerable to damage from secondhand smoke.
- Pregnant women who smoke increase the risk of miscarriage, stillbirths, premature births, smaller babies, and babies with health problems.

Adapted from *Sense & Nonsense: Healthy Choices About Alcohol, Drugs and Gambling (5)*, pp. 35-37, with permission from AADAC.

Appendix 8: Information Page – Newspaper Editorial About Crystal Meth

A Nightmare on Meth Street

By Bob Hughes

Crystal meth is the drug of the present day. According to the World Health Organization, it is the most widely used illicit drug in the world after cannabis. It is easy to make and its contents are toxic – chemicals such as battery acid, Draino, ammonia are among those used. Crystal meth, the new killer of hopes, dreams, families and young people. It is cheap, it takes its users to glorious highs, and then it dumps them into the garbage, retrieving them only when they wander lifelessly back for even more of the unhappiness that brings only an emptiness. Here is an excerpt from a poem written by the meth user:

> "It was nice to hide in my feeling high
> bliss,
> But it was not real …
> a lie …
> a deathtrap …
> a devil's kiss."

Another excerpt from a poem written by a user:

> "If I have a few memories that I can
> take to the grave with me, I wish I had
> never done this drug.
> I hate it.
> I hate life.
> I hate me."

It is Monday of this week. I am sitting in a … boardroom in a north Regina office. For two hours I listen to (parents') stories. Their children are confirmed crystal meth users.

"My daughter was an honours student in Grade 9," a mother began, "She did everything well. She was happy and wonderful to be around. Then, she got on crystal meth. Now, she weighs 84 pounds. Her beautiful white teeth are grey and yellow. Her eyes are sunken into her head. She will go days without bathing. She doesn't care. She is 17 years old. She looks like a skeleton. She looks like she is going to die."

These kids are about ages 17 to 25. These kids have all quit school. They can't concentrate. They don't have jobs. Two of them have become pregnant while taking crystal meth. Their children are being raised by grandparents. When they're on the stuff, they're happy. One parent recalls, "When they come off it, it is a whole new world. They can sleep for 22 days and not eat. They become mean and paranoid. They become violent."

Kids can buy crystal meth for around $10 a pop, and a pop lasts for hours.

The price the kids pay is horrific. "Our daughter lost 20 pounds in one week," a lady said. Added a man, "My daughter had gymnast-sized legs, muscular. There were times since she got on crystal meth where I could wrap my fingers around her legs."

[Another parent commented,] "We all have good homes and good jobs. But it doesn't matter where your kid comes from, they can get to them. My daughter started on it when she smoked marijuana that had been spiked with crystal meth. Drinks in bars and at parties get spiked. Once you've had it, you may never get off."

Excerpts reprinted with permission from the *Leader-Post*.

Appendix 9: Information Page – Q & A About FASD

What is Fetal Alcohol Spectrum Disorder (FASD)? What causes it?

Q-1: What does FASD mean?	A-1: It is the name of a range (or spectrum) of disabilities that a child can be born with because his/her mother drank alcohol during pregnancy.
Q-2: Are these disorders found only in people with FASD?	A-2: No, people who do not have FASD may also have any of the characteristics associated with FASD.
Q-3: How does what the mother eats and drinks affect the fetus?	A-3: It takes nine months for the fetus to grow from a tiny egg to a newborn baby. In a newborn child, the brain alone contains billions of cells, more than the number of stars in the Milky Way. During pregnancy, the fetus' brain may be developing millions of cells a day. Cell development depends on the mother having nourishing foods throughout her pregnancy. Whatever the mother eats or drinks goes to the fetus.
Q-4: How does the alcohol get to the fetus?	A-4: When the mother drinks alcohol, it goes directly into her blood stream. Within minutes after having the drink, the blood/alcohol level will be the same in the fetus as it is in the mother.
Q-5: How does alcohol affect the fetus?	A-5: Alcohol can damage cells that are growing or interfere with the way the cells are developing.

How do some of the "disorders" affect people's lives?

Q-6: How might FASD affect a person's brain?	A-6: Alcohol can interfere with the development of the brain and the central nervous system. For example, a person with FASD may have problems with: • memory (e.g., remembering yesterday's math lesson) • learning from experiences (e.g., touching something hot) • abstract thinking (e.g., solving problems) • making judgements (e.g., not talking to strangers).
Q-7: How might FASD affect a person's health?	A-7: For example, a person with FASD can have an abnormal heart or skeleton and may have kidneys, eyes, or ears that do not function properly. That person may also have poor coordination.
Q-8: How might FASD affect a person's behaviour?	A-8: For example, a person with FASD can have trouble controlling impulses (e.g., temper) or responding appropriately in various social situations.
Q-9: How might FASD affect a person's physical features?	A-9: For example, a person with FASD may be small, have a small head, small eye openings, a flat face, or a thin upper lip.
Q-10: Can people who do not have FASD have these "disorders"?	A-10: Yes. Some people may have one or more of the characteristics mentioned here. Also, people with FASD may have only some of the characteristics. For example, only some people with FASD have the physical features mentioned.

Appendix 9 (continued): Information Page – Q & A About FASD

What are the long-term effects of FASD?

Q-11: Is there a cure for FASD?	A-11: No, there is no cure. It is helpful if children with FASD are diagnosed at a young age and have families who understand FASD. Children with families and teachers, who take the time to work with them and give them the help and support they need, grow up with better skills to cope with their disabilities. But that is a long, hard road.
Q-12: Why would a pregnant woman drink alcohol?	A-12: A pregnant woman may not know of the dangers of drinking or may not know in the first few months that she is pregnant. She may have addiction problems or may not have support while pregnant. Few people will intentionally hurt their unborn children.
Q-13: What happens when a person with FASD goes to school?	A-13: People affected by FASD may have trouble at school. They may be smart and know lots of things. But they may have difficulty with things like following complex instructions or remembering facts. Because of behaviour problems, they may not "fit in", may be suspended, and may drop out.
Q-14: How do people with FASD and without necessary support cope?	A-14: Some people with FASD have poor judgement and difficulty controlling impulses. Some of them may be unable to live with their families and some may get into trouble with the law.

What is known about FASD?

Q-15: Can FASD be prevented?	A-15: Yes. There are two ways to prevent FASD: • If you are pregnant or planning to get pregnant, do not drink alcohol. • If you drink, do not get pregnant.
Q-16: If it can be prevented, can FASD be eliminated?	A-16: Alcohol is widely used and a legal drug of choice for adults. We may never achieve 100% prevention of FASD. Perhaps the best we can do is to make sure everyone knows the facts about FASD and how to prevent it.
Q-17: How common is FASD?	A-17: About one out of every 100 babies born in Canada suffers from the effects of prenatal alcohol exposure. This number is an estimate. There may be many people living with FASD who have not been diagnosed.
Q-18: Who is most likely to have FASD?	A-18: FASD occurs throughout the world. People with FASD may be wealthy or poor and may be from different ethnic groups.
Q-19: Is there a safe time during pregnancy to drink alcohol? Is it safe to have just a few drinks?	A-19: There is no known safe time during pregnancy to drink alcohol. There are no known safe amounts of alcohol to take during pregnancy. The best advice is not to drink at all.
Q-20: Are there some types of drinking that are especially risky?	A-20: Regular and binge drinking (i.e., four or five drinks on one occasion for an adult, fewer for youth) are both considered to be higher risk factors. Drinking alcohol along with poor nutrition, smoking, or other drug use increases the risk of damage to the fetus.

Appendix 10: Letter from Midori

Letter from Midori was written by a young woman who just graduated from a high school in Saskatchewan. In her letter, she has a message for all students but especially any students that may be affected by FASD.

Oct. 17, 2005

To Whom It May Concern:

My name is Midori Harth and I have FASD. There are many different kinds of FASD there's pFAS- partial Fetal Alcohol Syndrome, ARND- Alcohol Related Neurodevelopmental Disorder, ARBD- Alcohol Related Birth Defects and FAS- Fetal Alcohol Syndrome. I have ARND it's the kind where you don't have any facial characteristics, and can be hard to pick out in a person. You can't tell by looking at me that I have it.

Some good things that have happened in my life are I have traveled to another continent seeing Italy and France. I graduated from high school with help from my tutor and family. I have a job starting right away where I will have the assistance of a job coach. Just because I have FAS doesn't mean I'm stupid, there are some things I'm good at and some things I don't do well in like math and taking tests and editing papers. I can read well, make friends easily, do essays and Lab reports. And I'm a great artist.

Some people think that FASD is bad, but it's not. They just don't understand what it is. And it's not your fault if you have FASD. There is nothing you could have done to prevent it. You shouldn't feel any less special or any less smart than anyone else. You may be good at math unlike someone who may not understand any of it. But you can prevent FASD from happening to anyone else by letting people know that drinking while pregnant is wrong. If you think you might have FASD talk to your parents or a teacher about it. Accept all the help you can get from anyone. Ask questions when you don't understand - that's what got me through school. You can do anything you put your mind to.

Sincerely,

M Harth

Midori Harth

Printed with Midori Harth's permission.

Appendix 11: Information Page – Surgeon General's Warning

Surgeon General Updates Warning About Alcohol Use During Pregnancy

U.S. Surgeon General Richard Carmona recently advised pregnant women and women who may become pregnant to abstain from drinking alcohol to eliminate the chance of giving birth to a baby with Fetal Alcohol Spectrum Disorder (FASD) - the collection of birth defects caused by prenatal alcohol exposure.

FASD may range from mild or subtle birth defects, such as slight learning disabilities, to full Fetal Alcohol Syndrome, which includes severe learning problems, growth deficiencies, abnormal facial features, and central nervous system impairment. The advisory updates a 1981 advisory suggesting that pregnant women limit the amount of alcohol they drink. The new advisory is based on current research, and states:

1. A pregnant woman should not drink alcohol during pregnancy.

2. A pregnant woman who already has consumed alcohol during her pregnancy should stop in order to minimize further risk.

3. A woman who is considering becoming pregnant should abstain from alcohol.

4. Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.

5. Health professionals should routinely inquire about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

"We must prevent all injury and illness that is preventable in society, and alcohol-related birth defects are completely preventable," Dr. Carmona said.

Visit http://www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html to read the full advisory.

From the *National Institute on Alcohol Abuse and Alcoholism Newsletter*, Spring 2005, Number 6.
Website: http://www.niaaa.nih.gov/publications/Newsletter/spring2005/Newsletter_Number6-text.htm#warning, with permission.

Appendix 12: Experiment

Purpose: To observe the effect alcohol has on a chicken egg which is a living organism.

Time:

- This experiment takes about 15 to 20 minutes to complete.
- Special permission may be needed in order to use alcohol in school for this experiment.

Equipment required:

- Two raw eggs for each group. In case of breakage or the breaking of yolks, extra eggs may be needed.
- Two bowls for each group.
- Two stirring devices (e.g., chop sticks, coffee stir sticks, forks) for each group.

Procedure:

1. Break two raw eggs into two separate bowls (one egg is for the experiment, the other is the control). Be careful to keep the yolks whole.
2. Add a shot glass of alcohol (e.g., gin, vodka) to one of the eggs.
3. Using a clean swizzle or chop stick for each bowl, gently stir the white of the egg for about one minute.
4. Record your observations. Use a magnifying glass to see the results more clearly. (White threads form, literally 'cooking' the egg white.)
5. Gently break the yolk of each egg, stirring it into the egg white.
6. Record your observations. (The egg with the alcohol seems to disintegrate more and is paler in colour.)
7. Allow the two eggs to rest for about five minutes.
8. Record your observations. Note both the structure and colour of the eggs. (Yolk has sunk to the bottom of the bowl, is paler in colour, and lacks body.)

Recording observations:

- Students may choose to use a chart similar to the one on the following page.

Suggestions for discussion (both before and after the experiment):

Before the experiment, discuss with students that an egg is a living organism. It is composed of all the materials that can potentially develop into a chicken and feed the embryo during the incubation period. Discuss how an egg may be hatched, highlighting the differences and similarities between that and a human pregnancy.

Examples of similarities:

- Both the chick and the baby develop from a fertilized egg to a fully developed newborn.
- Both are living organisms.
- Both grow as the cells in their bodies multiply.
- Both the newly hatched chick and the newborn baby are living creatures.

Examples of differences:

- The chicken egg contains both the fertilized portion of the egg and all the food the developing chick needs to grow.
- The human fetus begins from a fertilized egg but needs food that the pregnant woman provides in order to develop and grow.
- The human baby has many more cells than the baby chick.
- The time of incubation for a chicken egg is about 28 days.
- A human pregnancy lasts about nine months.

After the experiment, discuss with students the relationship between the effect of alcohol on an egg and on a human fetus.

- Review the similarities and differences between the chicken egg and the human fetus.
- Ask students what might happen to the chick if the incubating egg could be injected with alcohol.
- Ask students what they have learned about the effect of alcohol on a living organism.

Appendix 12 (continued): Experiment

Observations – Egg/Alcohol Experiment

Purpose: To observe the effect alcohol has on a chicken egg, which is a living organism.

Procedure	Observations	
	Egg 1 (no alcohol)	**Egg 2 (alcohol added)**
Break two raw eggs into two separate bowls. One egg is for the experiment, the other is the control. Try to keep the yolks whole.	Structure: Colour:	Structure: Colour:
Add a shot glass of alcohol (e.g., gin, vodka) to one of the eggs. You may want to use a magnifying glass to see the results more clearly.	Structure: Colour:	Structure: Colour:
Using a clean swizzle or chop stick for each bowl, gently stir the white of the egg for about one minute. (To avoid possible contamination, do not interchange the stir sticks.)	Structure: Colour:	Structure: Colour:
Gently break the yolk of each egg, stirring it into the egg white.	Structure: Colour:	Structure: Colour:
Allow the two eggs to rest for about five minutes.	Structure: Colour:	Structure: Colour:
Conclusions:		

Appendix 12 (continued): Experiment

Brine Shrimp Experiment

Allergy Alert: There may be students who are allergic to shrimp. Excuse those students from the experiment and watch for any reactions among other students.

Information on purchasing necessary materials: Marine or sea salt is available in most large grocery stores. Brine shrimp eggs may be ordered from WARD'S of Canada, Ltd., 397 Vansickle Road, St. Catharines, Ontario L2S 3T5. Phone: 1-800-387-7822. Fax: 1-866-829-5952. Email: wardsltd@wardsci.com Website: http://www.wardsci.com ($5.89/vial of shrimp eggs).

Instructions

- Question to be explored: Does alcohol damage a developing life form?
- Hypothesis or prediction: Alcohol will decrease the number of brine shrimp that will hatch from their eggs.

Experimental Design

Materials

a. 1 brine shrimp egg pack
b. 1 screw-capped jar for the marine or sea salt solution
c. 4 – 60 mm Petri dishes with lids
d. 3 – 1 ml pipets
e. 1 – 5 ml pipet
f. 4 toothpicks
g. 1 ruler
h. 1 microscope (Note: A magnifying glass may be used. However, the hatched shrimp are very tiny and students will be able to observe only tiny specks either swimming or not swimming.)
i. Bottled spring water or dechlorinated tap water
j. 1 ml of 100% Ethanol (Note: 100% is known as 200 proof. Do not use rubbing alcohol or ethanol that is denatured with a contaminant such as benzene. If you use an alcoholic beverage, note the proof and adjust volumes accordingly. For example, with vodkas or bourbons, that are 100 proof, simply double the volume of alcohol added to each dish.)

Procedure

Day 1) Preparation. Assemble necessary materials.

Day 2) Set up experiment.

1. Add 500 mls of bottled spring water to the screw-capped jar with 12 g (1 tablespoon) of marine (sea) salt. Secure the cap and shake vigorously. Using a 5 ml pipet, transfer 10 mls of marine salt solution into each of the four 60 mm Petri dishes.
2. Label the bottoms (lids can get mixed up) of the Petri dishes 1 through 4.
3. Petri dish #1 will have no ethanol added to it. This will be the control condition.
4. To Petri dish #2, add 0.1 ml of 100% ethanol (final concentration of 1%).
5. To Petri dish #3, add 0.25 ml of 100% ethanol (final ethanol concentration of 2.5%).
6. To Petri dish #4, add 0.5 ml of 100% ethanol (final ethanol concentration of 5%).
7. Mark each of the toothpicks at an equal point about 6 mm from the end so that each can be used to transfer about the same number of eggs. Wet a toothpick in the salt solution and insert it up to the 6 mm mark into the packet of brine shrimp eggs. Release the adherent eggs by submerging the toothpick in the Petri dish. Repeat for each of the four Petri dishes using a fresh toothpick for each Petri dish. To increase the number of eggs in each dish, dip each toothpick twice to double the number of shrimp eggs in each dish.
8. Cover each Petri dish with a lid.
9. Allow the dishes to sit for 48 hours undisturbed. Dishes may sit up to 72 hours, if necessary. To increase the number of hatched brine shrimp, place the Petri dishes under an incandescent lamp for 48 hours or double the number of eggs added to each Petri dish.

Day 3) Wait.

Appendix 12 (continued): Experiment

Day 4) Data collection and analysis. Examine each Petri dish with a dissecting microscope and record your observations. You may observe

a. live brine shrimp
b. dead or immature brine shrimp
c. unhatched eggs. Summarize your results by making a table that shows what you observed for each condition, each day of the experiment, or by filling out a data sheet provided by your teacher.

Assessment

Students may submit the completed data sheets or their conclusions for evaluation.

Adapted with permission from the National Institute on Alcohol Abuse and Alcoholism, from: http://www.niaaa.nih.gov/publications/Science/PdfFiles/Brineshrimp_instruction.pdf

Appendix 13: Teacher Notes Regarding "Societal Conditions"

As the teacher and students explore societal conditions that may influence (positively or negatively) choices regarding alcohol and other drugs, the teacher may consider the following:

- **Home**. Parents and older siblings are role models. Their standards may become the younger children's standards. The kind of parenting or care received may also influence how children feel about themselves.

- **School**. Failure (real or perceived) may lead to poor self-esteem, loss of interest, or few friends. Students who are bullied may be more susceptible to making unhealthy decisions. Success and a respectful, caring, and supportive climate may have a strong positive influence.

- **Peers**. Friends or members of a sports team may expect certain behaviours. Teens, perhaps more than other people, have a strong need to belong. Some peers may use alcohol or drugs as a tool to control or intimidate another person (e.g., a boy/girl friend). Others may support one another to not use alcohol and other drugs.

- **Community**. Alcohol and other drugs may or may not be readily available or used extensively. The general atmosphere of the community may have a strong influence. Opportunities for drug education, treatment, or rehabilitation vary. Communities also vary in their involvement and support of the school. Most communities care a great deal about their children and youth. Some may have difficulty, for various reasons (e.g., lack of resources or conflicting expectations), in demonstrating this caring attitude in tangible ways.

- **Youth subculture** is generally considered to affect teens between ages 12 and 17. Teens often do not accept the existing standards and rules of a society they did not help create. So teens develop their own expectations, roles, standards, language, dress code, music, or behaviours. This may involve experimentation with available drugs, which may lead to heavier use or other drugs. Some teens tend to "live in the moment" without much regard for the long-term consequences of choices. Young people have a natural curiosity and may be inclined to take risks in order to "push their boundaries" or try something new. Young people may be living with various stressors in their personal lives (e.g., depression, dysfunctional families, low self-esteem, a strong desire to succeed or please others) and in order to hide or cope with these issues youth may make unhealthy choices (e.g., join a gang, take drugs). On the other hand, many youth tend to care deeply about various social, environmental, and cultural issues and may need guidance and support in order to express themselves appropriately. Youth need others, including adults, to listen to them and need opportunities to be involved in making positive changes.

- **Media**. We all see and know about "beautiful people" like movie stars, athletes, or musicians using or abusing alcohol and other drugs. The media often target an audience of youth in scenes and stories depicting young people, who are attractive, rich, and smart, having fun with alcohol. Company logos appear in movies, television shows, and games, as well as on clothing and equipment, often in shows or games watched primarily by teens.

Appendix 14: Information Page – Saying No

SIX WAYS TO SAY NO TO A DRINK

1. No thanks.
2. I don't feel like it – do you have any pop?
3. Alcohol is NOT my thing.
4. Are you talking to me? FORGET it.
5. Why do you keep pressuring me when I've said NO?
6. Back off!

Adapted with permission from the Institute on Alcohol Abuse and Alcoholism, from: http://www.niaaa.nih.gov/publications/makediff.htm

Appendix 15: "Commit Self" Scenarios

Discuss the scenarios below with your partner or group. (Feel free to make up your own scenarios that may be more relevant to you.) Apply the information you have learned through your research and the assertiveness skills you have practised to the scenarios. You may use the following to guide your discussion:

- If you find yourself in this situation, what are your options?
- What are the possible consequences of each option?
- Which option would you choose? Why?
- Make up a conversation that supports the option you choose. You may wish to role play that conversation for the class or another group in your class.

Del has been going out with her partner for a while. She likes him a lot. But when they are with his friends, he guzzles his beer and gets loud and unpleasant.

Ibram drinks regularly. He says he could stop any time. But when he has had a bad day, and that is most days, he likes to have a couple of drinks to forget about his problems.

Janice is invited to a party. She knows that there will be alcohol there and maybe some drugs too. She has missed her period and is worried that she might be pregnant. She knows about FASD and is worried what might happen if she drinks. But she does not want to miss the party.

Sergei's dad sometimes comes home quite drunk and is mean to Sergei's mom and yells at him. Sergei sees what alcohol can do to people. He is worried that if he starts to drink, maybe he will end up like his dad.

Allyson is pregnant but is scared to tell anyone. She is ashamed that she and her partner got careless after drinking. She thinks her parents will kill her and that her friends will think she is so stupid! She knows about FASD and is worried.

Some of Billy's friends have started to smoke. They keep bugging him to have a smoke.

Ashton is a baseball fan. It seems that all the players chew tobacco. She wants to try it.

Joan has several friends at her place to watch rented movies. After her mom goes to bed, Joan raids the medicine cabinets of all the prescription and over-the-counter pills she can find. She dumps them all into a bowl and dares everyone to take a big handful along with a drink of beer. She says that anyone who does not do it is a chicken.

Sandy's friend tells her that she just bought a couple of shots of crystal meth from Brad. She invites Sandy for the evening and wants them both to try it. Sandy likes the idea of a high for a few hours but knows what it can do in the long run.

Other …

Appendix 16: Teens' Stories

Lots of teens find their own way to have fun and a full life without the use of alcohol, tobacco, and other drugs. Some of their stories are told below. Perhaps you can add a story of your own.

Elizabeth has just moved to a new school. She is shy and knows that it will take a while to make new friends. Sandra, who has been nice to her, asks her to come to a party she is having. Elizabeth is delighted until she finds out that Sandra's parents will not be at home. Now she is leery about going. She tries to think of an excuse not to go. Finally, she decides to be honest and talk to Sandra. She says, "Thanks for inviting me, Sandra. I really appreciate that. But my parents would ground me forever if they knew I had gone to a party where the parents were not home. I hope you understand."

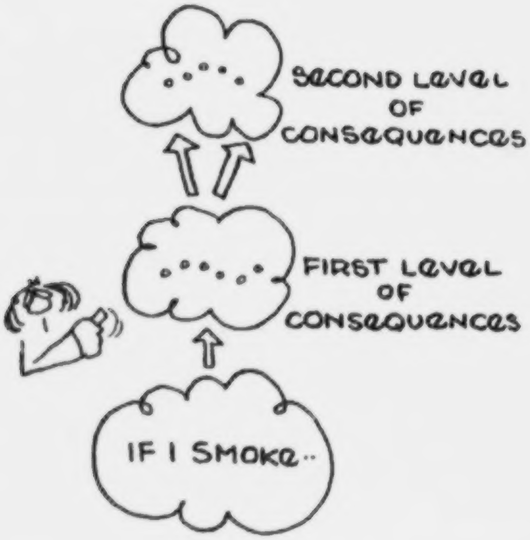
Alcohol and drug use was a problem in Mojo, the community where Sunni lives. She and her friend Shaun racked their brains trying to think of what they could do about it. One day they met their elder/minister/guidance counselor/youth worker and discussed the matter. They discussed …

J.J. had been listening to his friends saying bad things about their parents, brothers, and sisters. They complained about their family members being stupid and old fashioned and having no clue about things. They always tried to get away from their parents to hang out or go to parties. J.J. liked his parents and got along really well with his older sister. He sometimes wondered if he was weird because of this. Deep down he knew he was not. He sometimes hung out with his friends but he did not like the big crowds that always seemed to show up at parties. He would much sooner go fishing with his dad or work on the machinery in the yard. His dad was a good cook and J.J. was learning too. His mom had a rather quick temper but they got along. She wrote for the local newspaper and played the piano at their church. J.J. was learning to play the guitar and his mom was always willing to help him with his music. His sister was in Grade 12 and liked to paint. J.J. and his sister often talked for hours about a whole range of topics. On weekends two or three or all four of them went to movies, had company at their house, or would drive to the farm to see his grandparents. Finally, one day after listening to his friends complain about their families, J.J. told them that he really liked his family and would rather spend time at home than go to a party. Later, one of the girls told J.J. that she felt the same way about her family and was glad he had said that.

Sonja was looking through the local paper and saw an article about the local food bank. It said they were looking for volunteers. She dialed the number and asked if they would take a volunteer who was a Grade 7 student. They said they would be happy to. She discussed the matter with her mom and decided to volunteer every Friday after school. Her mom said she could drive Sonja there and pick her up. Sonja was the only "kid" working there but the people were friendly and helpful. Sonja felt good about doing something for others.

Other …

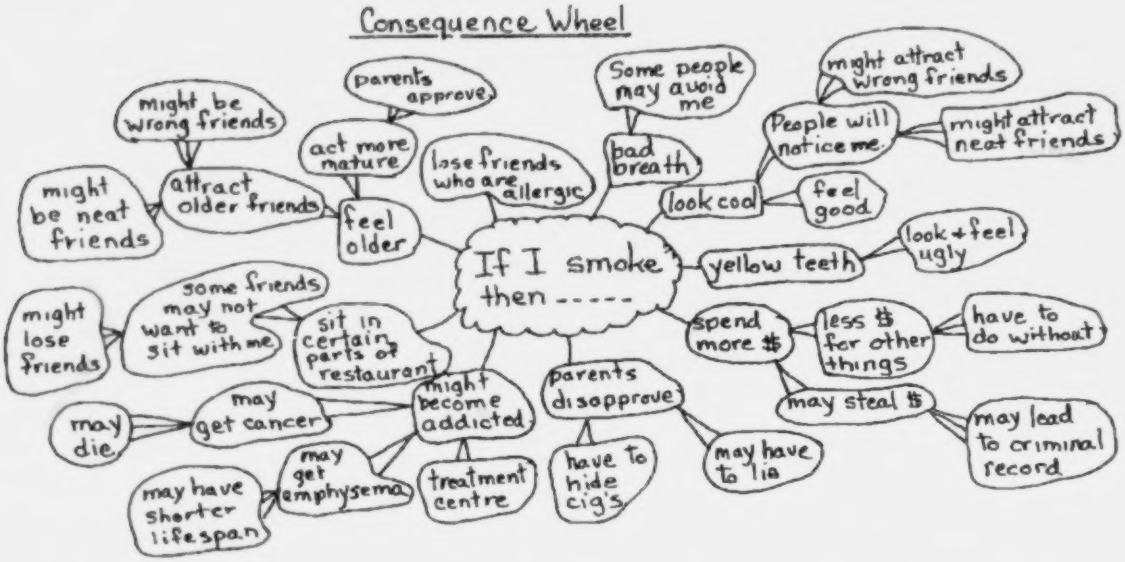
Appendix 17: Sample Consequence Wheel


SECOND LEVEL OF CONSEQUENCES
FIRST LEVEL OF CONSEQUENCES
IF I SMOKE..

***Beth and her Grade 8 students** have been studying the dangers of smoking. For one class activity she had the students working with consequence wheels.*

Beth: I developed an example with the class and illustrated it on the chalk board. The issue (If I smoke, then ....) is placed in a bubble at the centre of the page. From it radiates the first level of consequences, joined by one line. The second level of consequences radiate from the first level with two lines.

I then divided the class into groups of 4 or 5 students. Working with chart paper and a thin felt pen, each group completed a consequence wheel. Part of one group's wheel looked like the one shown below.


Consequence Wheel
If I smoke then -----
might be wrong friends
parents approve
act more mature
attract older friends
might be neat friends
feel older
lose friends who are allergic
Some people may avoid me
bad breath
might attract wrong friends
People will notice me.
might attract neat friends
look cool
feel good
yellow teeth
look + feel ugly
some friends may not want to sit with me
might lose friends
sit in certain parts of restaurant
spend more $
less $ for other things
have to do without
may steal $
may lead to criminal record
might become addicted
may get cancer
may die
may get emphysema
may have shorter lifespan
treatment centre
parents disapprove
have to hide cig's
may have to lie

After the wheels were completed, the students colour coded the consequences that were similar. At the end of the class period, one group presented their whole wheel to the class. Subsequent groups presented what they had that was different. Needless to say, an animated discussion followed.

From *Connecting: Getting it Together*, p. 18, with permission from The Saskatchewan Instructional Development and Research Unit.

Appendix 18: My Personal Standards

On prescription and over-the-counter drugs

My standard now is …

My standard in the future may be …

My standard if I am (or my girlfriend, fiancé, or wife is) pregnant or might become pregnant may be …

On smoking, using tobacco products, or second-hand smoke

My standard now is …

My standard in the future may be …

My standard if I am (or my girlfriend, fiancé, or wife is) pregnant or might become pregnant may be …

On alcohol (beer, wine, spirits)

My standard now is …

My standard in the future may be …

My standard if I am (or my girlfriend, fiancé, or wife is) pregnant or might become pregnant may be …

On other drugs (including steroids, marijuana, hallucinogens, barbiturates, crystal meth, and others)

My standard now is …

My standard in the future may be …

My standard if I am (or my girlfriend, fiancé, or wife is) pregnant or might become pregnant may be …

Appendix 19: Resources

Print

Incredibly Disgusting Drugs Series (1st ed.) [Print-Non-Fiction]. (2001). Rosen Publishing Group (SBC). 48 pp. Order numbers follow. Recommended titles in this series for this unit include the following:
Barbiturates and Your Central Nervous System: The Incredibly Disgusting Story.
Crack and Your Circulatory System: The Incredibly Disgusting Story.
Hallucinogens and Your Neurons: The Incredibly Disgusting Story.
Steroids and Your Muscles: The Incredibly Disgusting Story.
Each book tells what the drugs are, why people use them, the damaging effects that they have on the body, warning signs of drug abuse, ways to decline taking drugs, and ways to overcome an addiction.

Johnson, Julie. (2001). *Why Do People Drink Alcohol?* Austin, TX: Steck-Vaughn (SBC).

Westcott, Patsy. (2001). *Why Do People Take Drugs?* Austin, TX: Steck-Vaughn (SBC).
The above two books, written for youth, deal with the issues as suggested by their titles, provide information, and explore effects. Both books are out of print but may be available at your local library.

Video

Don't Drain Your Brain: How Alcohol Damages the Brain [Video]. (2003). Mount Kisco, NY: Human Relations Media/HRM Video (MCI).
This upbeat DVD is designed to demonstrate to teenagers the effects of alcohol consumption on the developing brain.

Websites

Alberta Alcohol and Drug Abuse Commission (AADAC): http://corp.aadac.com
Interactive link for students: http://www.zoot2.com/justthefacts/index.asp
This site includes information for teens on alcohol and other drugs as well as games and quizzes.

Alberta Children's Services: http://www.child.gov.ab.ca/whatwedo/fas/page.cfm?pg=index
This site has information about FASD, an interactive "test your knowledge" component, and recipes for "mocktails".

FASD Connections: http://www.fasdconnections.ca/
This B.C. site is designed to help adolescents and adults living with FASD, as well as their families and support people. It offers a wide variety of articles, poems, stories, and information about FASD.

Health Canada: http://www.hc-sc.gc.ca
Follow the links for information and a free booklet for youth about marijuana use and a fact sheet on FASD. For information about various drugs and an interactive site for students, go to Be Drug Wise: http://www.drugwise-droguesoisfute.hc-sc.gc.ca/index_e.asp

Teen Age Binge Drinking article: http://www.rense.com/general63/dolon.htm
This article points out the potential damage of binge drinking for teens.

The Cool Spot: http://www.thecoolspot.gov
This is an interactive site for teens.

Human Resources

Health Help Line: 1-877-800-0002

Kids' Help Phone Line (24 hours): 1-800-668-6868

Speakers Bureau: The Saskatchewan Prevention Institute in partnership with the FASD Support Network of Saskatchewan has speakers available around the province. To arrange for a speaker, please call the

FASD Educator at 306-655-4077 (Saskatoon). A payment of honorarium/travel expenses is encouraged but is not required, in most cases.

Teacher/Parent Resources

Alberta Government on FASD: http://www.education.gov.ab.ca/fasd/
This site provides access to resources on teaching for prevention of FASD and teaching students affected by FASD.

Canadian Centre on Substance Abuse: http://www.ccsa.ca
Select 'Language' and then 'Topics'. This site offers various articles on FASD and other substance abuse issues.

FASD Support Network of Saskatchewan: http://www.skfasnetwork.ca
This website/agency is especially appropriate for parents/caregivers of children affected by FASD.

Motherisk Alcohol and Substance Use Helpline: 1-877-327-4636
Website: http://www.motherisk.org/alcohol/index.php#one

Students Like Me: Teaching Children with Fetal Alcohol Syndrome [Video]. (2000). Vida Health Communications (CLC). 30 min.
This video provides practical strategies for teachers to use in the classroom to support students with FASD. These adaptations can minimize (eliminate) frustration for both the student and the teacher as student needs and concerns are addressed.

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators. (2004). Regina, SK: Saskatchewan Learning: http://www.sasklearning.gov.sk.ca/branches/curr/special_ed/docs/misc/fasd2004.pdf. This resource was mailed to all schools.

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Saskatchewan Prevention Institute. (2004). *Facts on Fetal Alcohol Spectrum Disorder* [fact sheet]. Saskatoon, SK: Author.

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Grade Eight

A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder Awareness

Decision-making Process Unit

Saskatchewan Learning

Saskatchewan Health

SASKATCHEWAN
LIQUOR AND GAMING
AUTHORITY

2007

Decision-making Process Unit: A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder (FASD) Awareness
Grade 8

F.Y.I.

This sample unit supports the achievement of the learning objectives in the required Grade 8 Decision-making Process Unit in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998), page 253. The provincial curriculum guide is available at: http://www.learning.gov. sk.ca/docs/health/health6-9/index.html.

The Grade 8 perspective "supporting peers" is both important and appropriate at this level. Research confirms that youth tend to consult peers when they encounter stressful situations. It is important that youth have the skills to support peers.

In this unit, students practise the skills of accessing multiple sources of information, evaluating sources of information, and evaluating health-related information about FASD. They also practise the skills of decision making within the context of supporting peers. Students learn to generate a range of alternatives or choices and then make a judgement based on appropriate criteria. The skills of establishing goals that are attainable and measurable are included in this unit. Students also design, implement, and evaluate action plans that "support peers".

Decision-making Process Unit: A Learning Resource to Strengthen (FASD) Awareness

Time Frame

This unit will take approximately six to ten hours to complete.

Foundational Objectives and Learning Objectives

Level A – Extend Knowledge Base

Foundational Objectives

Students will identify the functions of support persons and support networks.

Students will acquire and evaluate multiple sources of health-related information.

Learning Objectives

Students will:
- give examples of health-enhancing behaviours concerning FASD prevention that benefit from support by friends and family
- understand the value of a support system
- identify strategies of support for purposes of helping a peer increase health-enhancing behaviours
- identify and gather multiple sources of information about support strategies and the prevention of FASD
- identify selection criteria and use them to evaluate sources of health-related information about FASD
- list strategies to use in evaluating health-related information about support strategies and FASD.

Level B – Make an Informed Decision

Foundational Objectives

Students will develop the lifelong practice of making health-enhancing decisions.

Students will acknowledge the role peer support plays in making decisions and attaining goals.

Learning Objectives

Students will:
- assess their current skills and abilities to act as support persons
- explore the implications or consequences of strategies to support a peer (CCT)
- render a judgement based upon specific criteria (CCT)
- establish a goal to support a peer who is trying to increase health-enhancing behaviours (e.g., not to drink when pregnant).

Level C – Carry Out Action Plan

Foundational Objective

Students will practise planning to support peers in responsible health action.

Learning Objectives

Students will:
- construct clear, achievable goals and plan to meet them (IL)
- design action plans that support a peer
- identify the traits and skills of a person who can monitor peer support
- identify criteria and use them to assess the design elements of the action plans
- develop criteria to evaluate the implementation of action plans
- identify criteria and use them to evaluate growth in their abilities to act as support persons.

Overview of Fetal Alcohol Spectrum Disorder (FASD) Prevention Education in Health Education Grades 7-9 and Life Transitions 20

	Grade 7	Grade 8	Grade 9	Life Transitions 20
Sample Unit	**Alcohol and Other Drugs Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Decision-making Process Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Dating and Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception**	**Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention**
Wellness Perspectives	**Commit Self**	**Support Peers**	**Promote Health**	**Manage Change**
Content	• what FASD is • how FASD occurs • how FASD can be prevented	• review of what FASD is, how it occurs, and how it can be prevented • communication strategies to support peers	• review of what FASD is, how it occurs, and how it can be prevented • effects of FASD on the family and community • communication strategies to promote health	• review of what FASD is, how it occurs, how it can be prevented, and its effect on the family and community • strategies for managing the changes needed to prevent FASD
Process	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise decision-making skills to commit self	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise strategies to support peers	• practise sound research skills • practise leadership skills and health promotion strategies • promote community supports and services related to the prevention of FASD	• practise sound research skills • study sexuality issues, human reproduction, and pregnancy options • reflect on personal strategies for managing change within the context of FASD prevention
Suggested Activities	• experiments • commit self scenarios • consequence wheel	• imaging activity • support peers scenarios	• interviews • promote health scenarios	• lifeline • project (display, debate)
Suggested Resources	• appendices – information about FASD, alcohol, other drugs; experiments and consequence wheel guidelines; scenarios; letter/Midori • books about alcohol, drugs, FASD; websites; human resources • video – *Don't Drain your Brain: How Alcohol Damages the Brain*	• appendices – FASD information, T/F page, imaging, scenarios, sample action plan • books about supporting peers, FASD; websites; human resources • videos – *FAS: When the Children Grow Up* and *With Child, Without Alcohol* (selected segments)	• appendices – FASD information, information about alcohol and dating issues, personal standards, scenarios • books about dating; websites; human resources	• appendices – information about FASD and testing newborns for alcohol exposure • books, websites, human resources • videos – *FAS Forward: A Fresh Look at Fetal Alcohol Syndrome; With Child, Without Alcohol* (selected segments) and *The Final Score: Winning Against FAS*

Unit At a Glance

Decision-making Process	Content	Resources
Level A – Extend Knowledge Base		
1. Reflect on what you know about the issue.	Overview of content and perspective for the year	Appendix 1
	Benefit of support by friends and family	
2. Research the issue. Find the facts.	Purpose and value of a support system	Appendices 2, 3, 4, 5, and 6
	Accessing multiple sources of information about FASD to determine strategies of support	Appendix 8-A and 8-B on pages 311 and 312 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
	Identifying multiple sources of information about FASD and evaluating them	
	Evaluating health-related information	
Level B – Make an Informed Decision		
3. State the challenge. Explore alternatives and consequences.	Considering various situations that may involve pregnancy and alcohol	
	Reflecting on the potential damage alcohol can have on a fetus	
	Identifying alternative actions/non-actions along with their consequences, identifying preferred support strategies	Appendix 8-C of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
4. Make a decision. Set a personal goal.	Writing goal statements that support peers	
Level C – Carry Out Action Plan		
5. Design and apply an action plan.	Refining goal statements	
	Designing action plans to role play a scenario showing how to support a peer	Appendix 7
	Identifying traits of a person who can monitor peer support	Adapt Appendix 8-R of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
6. Evaluate progress. Revise as needed.	Assessing the design elements of action plans	
	Developing criteria to evaluate the role play	
	Identifying criteria to evaluate personal growth as a support person	

Decision-making Process

Level A – Extend Knowledge Base

1. Reflect on what you know about the issue (i.e., support strategies and FASD).

Learning Objectives

Students will give examples of health-enhancing behaviours concerning FASD prevention that benefit from support by friends and family.

Instructional Strategies/Methods

Teaching Notes

Direct Instruction: structured overview

Provide students with a list of the required and optional units for Grade 8 Health Education. Optional units may be selected based on student need, community need, teacher expertise, availability of resources, and student interest.

Review the perspectives for Health Education in Grade 6 and Grade 7:

- Grade 6 Affirming Standards
- Grade 7 Committing Self.

Inform students that the theme or perspective for Grade 8 is "supporting peers" and that students will be designing and carrying out a minimum of two action plans throughout the year. Post a wall chart of the Decision-making Process and the six steps within Levels A, B, and C using the wall chart as a visual aid to explain that, during the year, students will:

- acquire and evaluate information to make sure they have the facts needed to make informed health-related decisions
- gain skills in decision making for health, recognizing that it is not always easy to make healthy decisions
- practise applying health education information appropriately and responsibly in carrying out their decisions.

Interactive Instruction: brainstorming

Ask students to generate a list of health-enhancing behaviours that, in their experience, did benefit or would have benefited from support by friends and family or from a peer support group. The list is likely to be extensive and may include:

- stop biting my nails
- increase physical activity in my daily routine
- cut down on pop and junk food
- increase water consumption
- deal positively with illness, loneliness, disappointments, worries, or feelings of inadequacy.

Introduce the four dimensions of wellness and ask students to categorize the health-enhancing behaviours as they might apply to each dimension. For example, students may suggest the following:

- mental – show self confidence, be positive, learn new skills/information or hobby, keep focused, read to keep mind active, do not drink or do drugs
- physical – balance your time, eat healthy, exercise daily, get enough sleep
- emotional – control and express emotions (e.g., anger, affection, displeasure) appropriately, respect others' feelings, do not get involved with gossip or rumours
- social – make/keep friends, practise skills of conversing with peers as well as older/younger people, give everyone a chance, have fun, laugh, keep your word.

Instructional Strategies/Methods

Teaching Notes

Following the brainstorming, have students identify those behaviours that could be supported by family, a peer, or a friend, and what the benefits of that support might be.

Remind students that, in Grade 7, they considered the effect personal commitment has on increasing health-enhancing behaviours. When students designed action plans, students focused on personal commitment. Remind students that, in Grade 8, the perspective for the year is "supporting peers". Students will examine the effect peer support has on the attainment of goals to maintain or improve wellbeing.

Explain to students that, in this unit, there will be a focus on Fetal Alcohol Spectrum Disorder (FASD) within the context of supporting peers. As such, there will be opportunities for students to do the following:

- learn/practise support strategies
- research information about FASD
- support a peer who may be affected by FASD
- support a peer in helping to prevent FASD.

Interactive Instruction: cooperative learning groups

See Appendix 1 for background FASD information for teachers.

In order for students to reflect on what they know about FASD, have students work in pairs or small groups to complete the T/F Quiz (Appendix 2). Then distribute the Student Information Page About FASD (Appendix 3) for students to self-correct the quiz. Students may change their answers and rewrite false statements to make them true. Have students sign the quiz and hand it in to place in their folders.

Direct Instruction: demonstration

To help build empathy for people affected by FASD, the teacher may have a radio in the classroom tuned ahead of time to a point between stations where there is a lot of static. At this time, turn the radio on full volume. Continue trying to chat with students until someone complains. Act surprised and ask, "Oh, does that bother you"? Turn off the radio and explain that for a person affected by FASD, regular classroom noise might sound as irritating and confusing as the radio static. For an activity to illustrate how a person affected by FASD may see/hear instructions, have students view the website: http://www.come-over.to/FAS/SimTest.htm.

Discuss what students have confirmed or learned about FASD from the Student Information Page and simulations. Ask students, with a partner, to highlight a section on the Student Information Page that they would like to expand on or verify in their research. Teachers and students may choose to create a KWL chart such as:

K: What I **know** about (FASD)	**W**: What I **want** to learn about (FASD)	**L**: What I **learned** about (FASD)

Student Assessment Techniques

Throughout Step 1 of the Decision-making Process, students are reflecting on what they already know about behaviours that enhance health and those that benefit from the help of friends and family. The activities to this point in the unit may serve as a needs assessment.

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will understand the value of a support system.

Students will identify strategies of support for purposes of helping a peer increase health-enhancing behaviours.

Students will identify and gather multiple sources of information about support strategies and the prevention of FASD.

Students will identify selection criteria and use them to evaluate sources of health-related information about FASD.

Students will list strategies to use in evaluating health-related information about support strategies and FASD.

Instructional Strategies/Methods

Teaching Notes

Direct Instruction:
mini-lecture

Refer to the wall chart of the Decision-making Process as the class moves into the research and fact finding of Step 2.

Use the title *Creating Your Own Support System* from *The Need to Know Library* as a helpful resource to outline what a support system is, why it is important to develop a support system, who might act as part of a support system, and when such a system might be important.

Students need to have this "vision" or "big picture" of what a support system is. They also need to understand its importance to them before they can gain the skills needed to become a support person.

As the entire Grade 8 year is dedicated to supporting peers, it is appropriate to arrange students in peer partners to work toward the objectives outlined in the required Decision-making Process Unit. Pairs of students may use different kinds of resources (e.g., print, human, electronic) to learn about ways in which people support one another, to practise supporting a peer while doing research, and to gather information about FASD.

There are numerous ways to help students achieve the learning objectives of this unit. Be sure to specify expectations, including timelines, from the beginning. Students deserve to know exactly how they will be assessed and what criteria will be used.

Independent Study:
research project

Students should be very specific about what they will research and may choose to focus on one (or more) of the following:

- additional information about FASD
- strategies used to support other people
- how students may support peers in order to prevent FASD
- how students may support peers who are affected by FASD.

Students will also develop their skills in evaluating sources of information.

Interactive Instruction:
video and discussion

To gather information, students may choose to follow one or more of the following procedures:

- interview experts

Instructional Strategies/Methods

Teaching Notes

- view instructional videos/DVDs
- access websites on the Internet
- refer to journal articles or other print material
- read novels.

Please refer to Appendix 4: Research Tools, Resources, and Approaches for notes regarding the use of various types of resources as well as research approaches and tools.

In researching FASD, students may consult the section they highlighted on the Student Information Page (Appendix 3) and jot down two or more questions they have about FASD. Questions may focus on:

- searching for new information about FASD
- verifying what students believe about FASD
- learning how to support a person affected by FASD
- learning how to support a person who wants to prevent FASD.

Interactive Instruction: video and discussion

In exploring how to support a peer affected by FASD, show the video(s) suggested in Appendix 4. Point out that although the emphasis of the videos is more on care-giving than peer support, the viewer can infer how a peer could and does make a difference to each person portrayed. See Appendix 4 for some questions to guide students' viewing and subsequent discussion of the video.

As part of their research, students should evaluate the resources used. Students may use the checklists in Appendices 8-A and 8-B, pages 311 and 312, in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 and add criteria as needed. Students who use the same resources may compare evaluations.

An important note regarding some FASD websites: Some websites the students may access claim that there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies the assessments were done only with newborn babies. The researchers may not have realized at the time that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways. It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?

Interactive Instruction: presenting

(Suggestion: This unit may be used as the basis for establishing a Peer Support Team. If the school already has a Peer Support Group this unit may be expanded to include that program.)

Upon completion of the information-gathering stage, students may make a brief presentation informing classmates about:

- source(s) of information and the evaluations of those sources
- support strategies
- information acquired/confirmed about FASD.

In some situations, it may be advantageous to have each pair of students prepare a summary for each class member and the teacher. If the presentation and summary are to be used as part of Level A assessment data, be sure each pair of students knows that in advance.

Instructional Strategies/Methods

Teaching Notes

Indirect Instruction: reflective imaging (Appendix 5)

As a follow-up to students' research and presentations, discuss the importance of FASD prevention. To emphasize this point, the teacher and students may do the reflective imaging activity suggested in Appendix 5. The directions given in Appendix 5 are meant to be guidelines. Teachers may adapt the activity to add emphasis or make it more relevant for the students. Be sure to allow time for discussion after the activity.

Interactive Instruction: discussion

Reflecting on the Grade 8 perspective of "supporting peers", ask students to identify opportunities they might have now or in the future to support a peer. It may be helpful to work through a few examples with the class. For example, a student may suggest that if his older sister or girlfriend thought she might be pregnant, he would support her by inviting her to activities that do not include the pressures to drink alcohol. Discuss the possible consequences if such support contributes to even one child being born without FASD.

Teacher Note: On the surface, FASD prevention seems quite simple – do not drink when pregnant. Students should, however, understand that for some people that is not so simple. For example, for women who have come out of abusive situations, have addiction problems, are affected by FASD themselves, or lack supportive families, not drinking may be a major challenge that they cannot meet on their own.

Independent Study: journal writing

Each student may write a journal entry beginning with a starter something like the following:

- FASD must be prevented. My sister is pregnant. I can support her by ...
- I know someone who is affected by FASD, and I can support her/him by ....

Ask students to sign and date their questions/answers and other information. Inform students that their work is being stored in their student folder as assessment data for Level A of this unit of study.

Draw attention to the wall chart of the Decision-making Process as the class proceeds into Level B, where they will practise making informed decisions.

Student Assessment Techniques

A case study or short scenario is an appropriate way to assess the degree to which students understand the value of a support system. The students' quizzes, evaluation checklists, research findings, class presentations, and journal entries are valuable forms of assessment data for determining students' abilities to evaluate sources of information, gather information, and identify support strategies.

Student Evaluation Techniques for Level A of the Decision-making Process

The teacher may use a checklist to make sure that every student has handed in the required items. A student's mark for Level A makes up one-third of the mark for the unit.

Decision-making Process

Level B – Make an Informed Decision

3. State the challenge. Explore alternatives and consequences.
4. Make a decision. Set a personal goal.

Learning Objectives

Students will assess their current skills and abilities to act as support persons.

Students will explore the implications or consequences of strategies to support a peer (CCT).

Students will render a judgement based upon specific criteria (CCT).

Students will establish a goal to support a peer who is trying to increase health-enhancing behaviours (e.g., not to drink when pregnant).

Instructional Strategies/Methods

Teaching Notes

Direct Instruction: structured overview

In Level B of the Decision-making Process, students explore some of the support strategies available. Students consider their skill levels as support persons, the effects different support strategies have on different people, and the consequences of various strategies. Exploring alternatives and consequences also reveals that some people respond to certain support strategies while others respond to quite different demonstrations of support.

Interactive Instruction: brainstorming and discussion

To initiate a solid start to this portion of the unit, ask students to recall from their experiences in Level A, some of the ways in which a peer or adult has supported them and how they, in turn, could support a peer. Students may suggest some of the following:

- be a positive role model for peers, leading by example
- help a peer clarify alternatives and consequences as part of making an informed decision
- help a person affected by FASD by calling on him/her in the morning to get to school on time (or whatever is needed)
- be a good listener
- use words of encouragement in all phases of information gathering, decision making, goal setting, planning, implementation, and evaluation
- demonstrate a positive attitude by phrasing statements in a positive fashion
- show that you care about your peer and his/her progress (e.g., by using effective communication skills, sharing time together, checking in regularly)
- share your feelings, concerns, and experiences with your peer
- encourage a peer to contact a community support agency (e.g., Alateen) or seek help (e.g., from a teacher, counselor, parent, nurse) for some difficulties s/he is experiencing
- support a peer by promoting positive future choices
- check in with a peer at each step of his/her action plan.

Be sure to record student responses on the chalkboard or a flipchart as the list will be referred to later in the unit. If the list becomes quite extensive, it may be helpful to sort the skills into categories such as:

- listening
- caring
- encouraging
- helping
- sharing.

Instructional Strategies/Methods

Teaching Notes

Indirect Instruction:
personal reflection

As a class, prepare an anecdotal record form or a rating scale using the students' ideas from the talking circle. "Assessing My Skills as a Support Person", in Appendix 8-C, *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998, page 313, provides an example of an anecdotal record form. Arrange for students to each have a copy and ask each of them to sign and date his/her form. Provide class time for each student to use the form as a means of recording current (i.e., September of Grade 8) assessment data about his/her present skill level as a support person. Keep in mind the kind of support a person affected by FASD could give or would like to receive.

Note: Keep this self-assessment instrument in each student's folder. It provides valuable information that can be used later in the school year to determine growth in the student's abilities as a support person.

Connect this activity of personal reflection and assessment to the next activity by pointing out that students now have a sense of those support strategies that students can already use to support a peer and those that students will need to work on throughout the year. Suggest that individual strengths and weaknesses differ and that individual preferences are also likely to differ.

Interactive Instruction:
co-operative learning groups
(Think-Pair-Share)

Post the list of support strategies generated by the students during the brainstorming and discussion. Have students group the strategies into categories such as listening, caring, encouraging, helping, and sharing. Ask each student to complete the following statements.

When I design and carry out my action plans in Grade 8, I will find it most helpful if the peer acting as my support person uses the following three support strategies:
1.
2.
3.

The reason(s) I need these support strategies are:
1.
2.

Move individuals into pairs for the purpose of comparing their preferred support strategies. Move pairs into small groups of four for further comparison.

Direct Instruction:
mini-lecture

Bring closure to this portion of the lesson by suggesting to students that the role of a skilled support person is really two-fold. Firstly, it is important to work on one's skills to develop a repertoire of support strategies. Secondly, a skilled support person must adapt his or her own strengths to meet the needs and preferences of the peer being supported.

Introduce the concept of using specific criteria to aid in making a decision. Use specific criteria to help each student decide which support strategy to begin improving upon first, at the beginning of the Grade 8 year.

Introduce the idea of a matrix that lists the support strategies along the first column and the criteria along the top row. The one that follows can act as a hypothetical example.

Note: The sample matrix indicates that a good starting point for this hypothetical student is to work at improving his or her abilities to encourage a peer as s/he develops a plan to increase a health-enhancing behaviour.

Instructional Strategies/Methods

Teaching Notes

Support Strategies	Things I do well	Things on which I need to improve	Strategies my peer feels will help him or her
reflective listening (e.g., what I have heard impacts me)		✓	
active listening (e.g., focused on the listener and receptive of the message)		✓	
"I" messages (e.g., When you…I think/ feel…because)			
encourage during planning		✓	✓
encourage during implementation	✓		✓
help to refine goal statement	✓		✓
help to design and assess action plan			
share feelings	✓		

Provide time for each student to use the information gathered to prepare his or her own matrix that reflects strengths and areas needing improvement. For the right-hand column above, students should use information from the pair segment of the Think-Pair-Share activity described on the previous page. Let students know that their matrices will be used as part of their Level B assessment data.

As a class, use the sample matrix to develop a goal statement that reflects need for improvement and expressed preferences for support strategies. A goal statement to match the matrix above might be, "My goal is to improve the skills needed to encourage a peer". Keep in mind that goals need to be clear, specific, observable, and measurable.

Interactive Instruction: discussion

To consider the support strategies identified within the context of FASD, ask students to suggest various situations that students may encounter at the present time or during the next few years where support may be needed. Suggestions from the class may include situations like the following:

- a peer who thinks FASD is not a big deal
- a peer who is choosing not to drink alcohol
- a peer who is trying to organize activities that are fun and do not involve alcohol or other drugs
- a peer who is trying to resist pressure to consume alcohol/drugs
- a peer whose family member is affected by FASD
- a peer who displays some of the symptoms of FASD
- a peer who is diagnosed with FASD

Instructional Strategies/Methods

Teaching Notes

- a peer/sister who is pregnant
- a friend's sister who is pregnant but will not stop drinking
- a (boy or girl) friend who insists on unprotected sex
- a peer whose drink was spiked with a drug, was raped, and may now be pregnant.

Indirect Instruction: personal reflection

Have students work in small groups to choose a situation. Note that a student affected by FASD may have difficulty understanding the concept of consequences and may need extra assistance with this activity. Students may identify a situation and list or discuss the following:

- What may be the consequences of that situation?
- For the situation to be healthy, what needs to change?
- What can a friend say or do to help that change to happen?

An "If/Then" chart like the following may be useful to organize students' ideas.

If ...	**Then ...**
A friend's sister is pregnant but continues to drink ...	• the baby may have FASD, with lifelong disabilities – trouble in school, difficult behaviours, brain damage, and other health problems. • the friend may not be able to care for the child.
My friend and I talk to her about her options and FASD – that it lasts a lifetime, there is no cure, it is preventable, it is never too late to quit drinking ...	• she will realize that nine months without alcohol compared to a person's lifetime does not seem like much of a sacrifice.
She does not want to hurt her baby ...	• she will ask for help to quit drinking.
My friend and I give her our support ...	• we will do things with her that do not involve alcohol. • she may have a baby without any disabilities.

Indirect Instruction: personal reflection

To conclude Level B, have students refer to their own support strategies matrix to develop a goal statement. Student statements may reflect a support skill that students need to improve to support a peer within the context of FASD and a support strategy that their partner identified as being helpful.

Student Assessment Techniques
The teacher may use observation checklists to indicate how well the students are progressing in the following:

- understanding and appreciating the seriousness of FASD
- identifying appropriate peer support strategies
- demonstrating respect, compassion, and support for people affected by FASD
- working cooperatively in a group by making positive contributions.

The degree to which students have attained the ability to assess their skills as support persons can be determined by having students create a list of strategies to support a peer who is working toward increasing health-enhancing behaviour in relation to FASD. A variety of techniques, including the analysis of case studies, can be used to assess students' abilities to render a judgement based upon criteria. Each student's matrix and goal statement also provide suitable data.

Student Evaluation Techniques for Level B of the Decision-making Process
Gather the assessment data located in each student's folder and make a judgement by assigning a mark that reflects the degree to which the student has met the learning objectives of Level B. The student's mark for Level B contributes one-third of the total mark for this Decision-making Process unit. Level A and Level C each contribute one-third of the unit mark as well.

Decision-making Process Level C – Carry Out Action Plan
5. Design and apply an action plan.
6. Evaluate progress. Revise as needed.

Learning Objectives
Students will construct clear, achievable goals and plan to meet them (IL).

Students will design action plans that support a peer.

Students will identify criteria and use them to assess the design elements of the action plans.

Students will develop criteria to evaluate the implementation of action plans.

Students will identify criteria and use them to evaluate growth in their abilities to act as support persons.

Instructional Strategies/Methods	**Teaching Notes**
Direct Instruction: structured overview	Using the wall chart of the Decision-making Process, revisit the classroom activities that corresponded to the steps of Levels A and B. Provide an overview of what students will encounter in Level C.
Direct Instruction: mini-lecture	Review the process of setting goals as presented first in Grade 6 and refined in Grade 7. The types of goals students set will vary. Depending on the local situation, the goal statements may be similar to one of the following: • My goal is to participate in role play situations in order to improve my skills needed to support a peer now or in the future. • My goal is to develop an informative brochure about FASD prevention that would support a peer. • My goal is to encourage a peer to engage in positive health-enhancing behaviours by inviting him/her to my youth group. • My goal is to encourage a peer to engage in positive health-enhancing behaviours by planning a weekend activity that does not involve alcohol or other drugs.
Interactive Instruction: discussion	Discuss whether the goal is measurable, specific, and possible to attain. Ask students to discuss whether the goal is specific enough to answer the following questions: • What will be changed? • By how much or how many? (where appropriate) • By when? Invite students to revise the goal statement if necessary.
Interactive Instruction: role play	Students who have identified a goal to participate in role plays may use "Support Peers" Scenarios in Appendix 6. Encourage students to create their own scenarios, which may be more relevant. Take note of "Kelly's Story of How Her Brain Works" (part of Appendix 6). This may be an especially relevant scenario or case study if there are students in the class affected by FASD or students with other challenges who may benefit from the support of their peers. Review the elements of an effective action plan as presented in Level C of the Decision-making Process unit in Grade 6. See pages 94-97 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. Clarify that the goal statement is really one of personal commitment to learning

Instructional Strategies/Methods	**Teaching Notes**
	how to support a peer and practise that support. Prepare students to design action plans that feature the students practising to improve their support skills. To keep a large group on track, it may be helpful to outline the students' ideas for the action plan on the chalkboard, where all can see the planning details as they emerge. Use the elements of who, what, how, why, when, and where as organizers. Throughout Grade 8, where the focus is on supporting peers, action plans should include plans for practising skills as well as for applying them within the context of FASD. An organizer such as A Sample Action Plan in Appendix 7 may be helpful.
Interactive Instruction: role plays	The teacher and students may establish a time for role play practice and how to share the role play with the class. The role play may be done for the class or another group. Discuss evaluation criteria and assessment instruments.
Interactive Instruction: discussion	For the evaluation/assessment processes, review the following information. • Assessment is the process of gathering information. For example, the action plan is assessed in the design phase. The action plan design elements may be assessed using a rubric (e.g., the one listed in the next paragraph). • Evaluation is the process of making a judgement (e.g., assigning a mark). The action plan is evaluated after the implementation phase. The action plan may be evaluated using the rubric located in Appendix 8-F on page 316 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998.
Interactive Instruction: peer practice	Remind students that they will be assessed for both the "making" and the "doing" of their action plans. Divide the class into pairs and give each pair the Sample Rubric for Evaluating the Elements of a Support Peer Action Plan found in Appendix 8-E, page 315 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998). Have students assess the action plans designed. If this is a homework assignment and students designed these plans in pairs, each student will need a copy.
Interactive Instruction: reflective discussion	Advise students that their signed and dated rubrics will be used as part of their Level C assessment data. Provide each student with a copy of the Sample Rubric for Evaluating the Implementation of a Support Peer Action Plan located in Appendix 8-F, page 316 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. Referring to students' action plans, discuss the usability of the rubric. Discuss and make any necessary refinements as a group. Ask students for suggestions on how their performance as a support person might be assessed. Students may suggest some or all of the following: • self-evaluation • assessment by the group working on the same role play • assessment by the peer I was supporting • assessment by the peer supporting me.
Interactive Instruction: interview	Create opportunities to interview (about two to three minutes) each student about the design of her/his action plan. Ask students questions like the following: 1. What is your Grade 8 health perspective? 2. In what way(s) does your plan support a peer?

Instructional Strategies/Methods

Teaching Notes

3. Who are your support people? How will they support you?
4. What is your challenge statement?
5. What is your goal statement? How will you measure whether your goal is met?
6. What things might prevent you from achieving your goal? What is your back-up plan?
7. Tell me the steps you have in place to complete your action plan. Where and when will each step occur? Why are you taking each of these steps?
8. What are your check-in dates and your projected end date?
9. Why did you choose to do this action plan?

Interactive Instruction: discussion

Conclude this unit by returning to the charts students completed at the beginning of the unit. Discuss what they have learned about FASD. Also, discuss how their support skills have been strengthened.

Student Assessment Techniques

An appropriate way to assess students' abilities to construct goals and design action plans is to have students outline how a "supporting peer" action plan is different from "affirming standards" and "committing self" action plans. Assess students' abilities to identify the traits of a support person by asking students to design a cartoon strip illustrating both appropriate and inappropriate support or they may list traits in the form of a concept web. Students may also identify the traits of a person who can monitor peer support.

Each student's folder should contain a rubric to assess the design elements of a class-developed action plan. It is an appropriate assessment tool for determining if students can identify criteria and use them to assess the elements of an action plan.

Having students describe, in written or oral fashion, how to evaluate the implementation of a support peer action plan is one way of assessing their ability to evaluate the implementation of an action plan.

Students' abilities to evaluate their growth as support persons can be assessed by having students outline ways in which they might assess growth in their ability to act as support persons. This outline might be a written paragraph or an explanation prepared on an audio tape. Ask students to include the criteria they might use in such an assessment and how they would determine these criteria.

Student Evaluation Techniques for Level C of the Decision-making Process

Whether students' action plans deal with role playing or real situations, students and teachers may list criteria and then students complete peer or self-evaluations that focus on their demonstrated abilities to effectively support a peer affected by FASD or in the prevention of FASD.

Examine the data gathered for each student in Level C. Assign a mark based upon that data. A student's Level C mark contributes one-third to his or her total mark for this Decision-making Process Unit.

Appendices for Grade 8 – Decision-making Process: Fetal Alcohol Spectrum Disorder (FASD) Prevention

Appendix 1: FASD Background Information for the Teacher
Appendix 2: T/F Quiz
Appendix 3: Student Information Page About FASD
Appendix 4: Research Tools, Resources, and Approaches
Appendix 5: Imaging Activity
Appendix 6: "Support Peers" Scenarios
Appendix 7: A Sample Action Plan
Appendix 8: Resources

Appendix 1: FASD Background Information for the Teacher

Teachers should be aware that some of their students may be affected by FASD. Teachers who would like more information on how to support, and how other students may support, those with a disability associated with FASD, may refer to a resource such as *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators* (2004), Saskatchewan Learning. A copy of this resource was mailed to all schools. In addition, it is located at: *http://www.sasklearning.gov.sk.ca/branches/curr/special_ed/docs/misc/ fasd2004.pdf*

Teachers should be sensitive to the fact that some students may display characteristics associated with FASD. The students may or may not be diagnosed with this disorder or the characteristics may be the result of situations other than prenatal exposure to alcohol.

Teachers should also be sensitive to the possibility that a girl in class may be pregnant and may have consumed alcohol. In that case, teachers should be prepared to provide support and referral to appropriate help.

History

Writings by Aristotle, passages in the Bible, laws from the ancient city of Carthage, and findings by physicians in 18th and 19th century England indicate that there was knowledge that alcohol presented a risk for poor pregnancy outcome. However, this information was lost over time and, in fact, during the 1960s, medical professionals and pregnant women were advised that alcohol might actually help to reduce some of the adverse effects of pregnancy.

Fetal Alcohol Syndrome was identified by researchers in France in 1968 and in the United States in 1973. The first public alert in the U.S. was issued in 1977. Health Canada issued a statement regarding the prevention of FAS in 1996.

How Alcohol Affects the Fetus

Alcohol is a teratogen. A teratogen is a substance that interferes with the normal growth and development of the unborn baby. Specifically, alcohol is called a neurobehavioral teratogen because it can cause damage to the brain and can subsequently change behaviour. All other organs are also vulnerable to damage by alcohol. Damage to other organs can be diagnosed early and may be treated. Damage to the brain, however, is invisible and may not be obvious until later in the person's life. As such, the condition may go undiagnosed or be misdiagnosed. This can result in inappropriate reaction to behaviours. Instead of changing the environment and providing appropriate support, the behaviour may be punished.

Range or Spectrum of Disorders

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to a range of disabilities caused by alcohol consumption during pregnancy.

Fetal Alcohol Syndrome (FAS) describes a person with the full syndrome of identifying facial features, slow growth, and central nervous system damage:

- Facial features may include small eye openings, little or no groove between nose and upper lip, and flattened mid-face.
- Slow growth may include low birth weight, weight loss not due to poor nutrition, and low weight to height ratio.
- Central nervous system damage may include small head size at birth and/or structural abnormalities of the brain. This may cause hearing loss and/or interfere with the development of fine motor skills, eye-hand coordination, and walking gait.

Partial Fetal Alcohol Syndrome (pFAS) describes a person with some but not all of the facial features of FAS and one or more of the following:

- central nervous system abnormalities
- a pattern of behaviour or cognitive abnormalities that are not age appropriate and cannot be explained by heredity or environment alone
- growth delay.

Appendix 1 (continued): FASD Background Information for the Teacher

Alcohol Related Neurodevelopmental Disorder (ARND) is the most common form of FASD and describes a person with no physical signs (invisible form) of FAS but with one or both of the following:

- central nervous system abnormalities
- a pattern of behavioural or cognitive impairments (e.g., difficulties with school performance, abstract thinking, impulse control, social skills, language and math skills, and/or problems with memory, attention, and judgement).

Characteristics of People with FASD

The following may be observed:

- learning and memory difficulties
- language processing difficulties
- speech and language deficits
- behavioural problems
- poor comprehension of social rules and expectations
- sensory, hearing, and vision deficits
- short attention span
- impulsive behaviours
- coordination and motor skill deficits
- easily overwhelmed and over stimulated
- hyperactivity.

Risk Factors Involved in Drinking Alcohol While Pregnant

No one can predict which infants born to mothers who drink will be affected, nor can anyone predict how severe these effects will be. There is no safe time or safe amount of alcohol to drink during pregnancy. Stopping drinking at any time during the pregnancy will decrease the potential amount of damage to the developing fetus. The following is a list of risk factors:

- **The time in the pregnancy at which alcohol is consumed**. Damage to the fetus can occur anytime during the pregnancy. Alcohol can affect whatever growth or development is taking place at the time of the mother's consumption. The unborn baby's brain develops throughout the pregnancy and is always vulnerable to alcohol.
- **The amount of alcohol consumed during the pregnancy**. There is significant risk of damage to the fetus as well as stillbirth and spontaneous abortion with "heavy" drinking. However, no one knows how much alcohol a pregnant woman can drink without hurting the baby. "Binge" drinking (four or five drinks for adults in a drinking episode) sharply raises the amount of alcohol in the blood and greatly increases the risk to the baby.
- **Individual susceptibility to alcohol**. Genetic factors determine the baby's ability to deal with the alcohol in its system and how quickly the alcohol in the baby's system can be broken down.
- **Nutrition**. Alcohol affects how the placenta transfers important nutrients necessary for fetal growth. Good nutrition for the fetus is important throughout the entire pregnancy.
- **Additional risks**. The damage to the baby because of prenatal alcohol exposure may be compounded if the mother has poor nutritional status, smokes, is in poor health, is under increased stress, and/or uses other drugs.

Prevention

Fetal Alcohol Spectrum Disorder is preventable by not drinking alcohol during pregnancy. If a woman is planning a pregnancy, she should decide to stop drinking before becoming pregnant. The safest decision a woman can make is to completely avoid beer, wine, and hard liquor during her pregnancy. It is important to remember that many people may need professional help in order to stop using alcohol, tobacco, and other drugs. Women who need assistance to stop drinking during pregnancy should be advised to consult with their doctors or should be directed to agencies that can assist them to stop drinking.

Adapted from *Fetal Alcohol Syndrome: A Resource for Professionals*, p.2, *Facts On Fetal Alcohol Spectrum Disorder* (2004); and *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators*, pp. 3.12-3.14, with permission.

Appendix 2: T/F Quiz

Of each of the following pairs of statements, one is false and one is true. Mark them according to what you believe. Check your answers using the answers on the following page. Use the line below each pair of statements to rewrite the false statement and make it true.

T/F Every child born with FASD in Saskatchewan is diagnosed.
T/F FASD may involve both physical and learning problems.

T/F Just a few drinks of alcohol may damage the fetus.
T/F Children usually outgrow the effects of FASD.

T/F About one out of 100 babies born in Saskatchewan has FASD.
T/F FASD can be cured with the right medication.

T/F Children with FASD often have difficulty in school both with learning and socializing.
T/F People with FASD can easily learn to live on their own without any support.

T/F When a pregnant woman drinks, the placenta helps by taking most of the alcohol out of the drink.
T/F FASD is a disability that lasts a lifetime.

T/F FASD can be prevented.
T/F It is dangerous to drink when the fetus is small but it is okay later on in the pregnancy.

T/F Some people with FASD may experience trouble with the law.
T/F A woman who is pregnant should not drink any beer but an occasional glass of wine is okay.

T/F You can tell a person has FASD by looking at her or him.
T/F Drug use or poor eating habits along with drinking alcohol may increase the risk of FASD.

T/F A person born with FASD always has normal hearing.
T/F A person born with FASD may have damage to the brain.

On the line below write your own true statement about FASD that you think is very important.

Appendix 2 (continued): T/F Quiz (Answers)

Please note that rewritten students' statements may vary from the following.

F Every child born with FASD in Saskatchewan is diagnosed.
T FASD may involve both physical and learning problems.

It is believed that there are many Saskatchewan children and adults who are misdiagnosed or not diagnosed at all.

T Just a few drinks of alcohol may damage the fetus.
F Children usually outgrow the effects of FASD.

FASD lasts a lifetime.

T About one out of 100 babies born in Saskatchewan has FASD.
F FASD can be cured with the right medication.

There is no cure for FASD.

T Children with FASD often have difficulty in school both with learning and socializing.
F People with FASD can easily learn to live on their own without any support.

People with FASD may learn to live on their own but most need a lot of support before they can do so.

F When a pregnant woman drinks, the placenta helps by taking most of the alcohol out of the drink.
T FASD is a disability that lasts a lifetime.

When a pregnant woman drinks, the alcohol goes directly into her bloodstream and to the fetus.

T FASD can be prevented.
F It is dangerous to drink when the fetus is small but it is okay later on in the pregnancy.

There is no safe time to drink alcohol during pregnancy.

T Some people with FASD may experience trouble with the law.
F A woman who is pregnant should not drink any beer but an occasional glass of wine is okay.

A bottle of beer and a glass of wine contain about the same amount of alcohol. Neither is safe to drink during pregnancy.

F You can tell a person has FASD by looking at her or him.
T Drug use or poor eating habits along with drinking alcohol may increase the risk of FASD.

Most people affected by FASD have no distinctive physical characteristics.

F A person born with FASD always has normal hearing.
T A person born with FASD may have damage to the brain.

People with FASD may have ears and ear canals that do not function properly.

On the line below write your own true statement about FASD that you think is very important.

FASD can be prevented!

Appendix 3: Student Information Page About FASD

What is Fetal Alcohol Spectrum Disorder (FASD)?
This is an umbrella term identifying a range or spectrum of disabilities that a child can be born with because his/her mother consumed alcohol during pregnancy. (Note that ANY of the characteristics associated with FASD may also be present in people who do not have FASD.)

How does what the mother drinks affect the fetus?
Alcohol can damage any cells that are growing and developing. During the nine months that the fetus develops, its nourishment, which makes the fetus grow and develop, comes from its mother. Whatever the mother consumes, the fetus consumes. When the mother drinks, the alcohol goes directly into her blood stream. Within minutes after having the drink, the blood/alcohol level will be the same in the fetus as it is in the mother.

What are some of the disabilities?
FASD may affect a person's:

- Brain. Alcohol can interfere with the development of the brain and the central nervous system. For example, a person with FASD may have problems with memory, abstract thinking, and/or making judgements.
- Health. For example, a person with FASD can have an abnormal heart or skeleton and may have kidneys, eyes, or ears that do not function properly. That person may also have poor coordination.
- Behaviour. For example, a person with FASD can have trouble controlling impulses or responding appropriately in various social situations.
- Physical features. For example, a person with FASD may be small, have a small head, small eye openings, a flat face, or a thin upper lip. (Note that these characteristics may also be present in people who do not have FASD.)

What are the long-term effects of FASD?

- Children born with FASD may go undiagnosed or may be misdiagnosed. Fetal Alcohol Spectrum Disorders are often invisible and therefore very hard to diagnose. (Keep in mind that pregnant women may have been unaware of the dangers of drinking, may have been unaware of the pregnancy, may have had addiction problems, or may not have had support while pregnant. Few people will intentionally hurt their unborn children.)
- People affected by FASD may have trouble at school. They may be intelligent and knowledgeable but have difficulty with things like following complex instructions or remembering facts. Because of behaviour problems, they may not "fit in," may be suspended, and may drop out.
- Some people with FASD, because of poor judgement and difficulty controlling impulses, are unable to live with their families and some get into trouble with the law.
- Children whose families and teachers understand FASD and take the time to work with children, giving them the necessary help and support, grow up with better skills to cope with their disabilities.

Can FASD be cured?
No. FASD is a lifelong disability. Although a person diagnosed with FASD can, with the right kind of support, learn to live a normal life, it is a long and hard road.

Can FASD be prevented?
Yes. There are two ways to prevent FASD:

- If you are pregnant or planning to get pregnant, do not drink alcohol.
- If you drink, do not get pregnant. (There is no safe amount of alcohol use during pregnancy.)

Because alcohol is widely used and a legal drug of choice for adults, 100% prevention of FASD will be difficult to achieve. Perhaps the best we can do is to make sure everyone knows about FASD and how to prevent it.

What is known about FASD?

- About one out of every 100 babies born in Canada suffers from the effects of prenatal alcohol exposure. This number is an estimate. There may be many people living with FASD who have not been diagnosed.
- FASD occurs throughout the world in all socioeconomic and ethnic groups.
- There is no safe time during the pregnancy to drink alcohol.
- There are no known safe amounts of alcohol to take during pregnancy. However, regular and binge drinking (i.e., four or five drinks on one occasion for an adult, fewer for youth), are both considered to be higher risk factors.
- Drinking alcohol along with poor nutrition, smoking, or other drug use increases the risk of damage to the fetus.

Appendix 4: Research Tools, Resources, and Approaches

Interviews

Students may choose to interview experts such as mental health workers, guidance counselors, social workers, nurses, addiction counselors, trainers for peer support groups, or human resource experts who work in such areas as organizational development or employee assistance programs. In preparation for the interview, students should make appointments and prepare questions. Students should be encouraged to ask open-ended questions. Students with limited experience with the interviewing process may wish to practise some mock interviews.

Stories

Reading fiction or non-fiction stories are wonderful ways to learn support strategies used by youth and to learn about FASD. The following book is about youth affected by FASD:

- Kulp, Liz. (2000). *The Best I Can Be: Living With Fetal Alcohol Syndrome or Effects.*

The following novels contain examples of youth supporting peers in various situations:

- Godfrey, Martyn. (1992). *Don't Worry About Me, I'm Just Crazy.*
- Kropp, Paul. (2002). *Tag Team.*
- Lekich, John. (2002). *The Losers' Club.*
- McNicoll, Sylvia. (2004). *A Different Kind of Beauty.*
- Peters, Julie Ann. (2003). *Define "Normal".*
- Philbrick, Rodman. (1993). *Freak the Mighty.*

Students who use the above or other stories for part of their research may focus on the following:

- What support strategies did the character(s) use in the story?
- In what ways were the strategies effective?
- How could the support strategies be used or adapted to support a person affected by FASD?
- How could the support strategies be used or adapted to support a peer in order to prevent FASD?

Videos

If videos have been selected for a pair of students to view, use the video(s) to demonstrate the use of the "Sample Checklist for Evaluating Health-related Sources of Information" (Grade 8) located in Appendix 8-A on page 311 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. With videos it may be difficult to determine if the author, producer, and/or advisors are recognized members of professional health organizations. Such information may not be provided. In videos or Internet sites where experts are interviewed, information about professional affiliations is not always provided. If this is the case, students should check the column "Not Sure/Don't Know" in the checklist.

In their research about FASD, students may view the following videos:

FAS: When the Children Grow Up

The video has segments featuring different families and situations. The teacher and students may watch and discuss one segment at a time. As a guide to watching and discussing the videos, students may focus on the following:

- What challenges do the people with FASD face? (e.g., hyperactive, lack of control over anger, acting out, forgetfulness, little understanding of consequences, difficulty following schedules)
- What difference did the diagnosis of FASD make to the people with FASD, the caregivers, and other family members? (e.g., I knew something was wrong with me. Now I know what it is and I can deal with it.)
- How did parents and grandparents adjust their caregiving techniques? (e.g., emphasizing what they can do, schedules, lots of activities, open communication, setting boundaries, being patient, realistic expectations, lots of structure, repeating things)
- What support did or could a peer provide for someone affected by FASD?
- What are some of the myths about FASD? (e.g., that people with FASD are not smart or creative, bad kids, do not listen)
- Why is it important to prevent FASD?
- How can a young person support a peer in FASD prevention?

- What difference did the support of others have for those affected by FASD?
- How did the people with FASD enrich the lives of those near them?

With Child Without Alcohol

A discussion guide and recommended activities are included in the booklet that accompanies the *Facilitator Resource Kit*. Sequence #3 and #5 of the video segments are recommended for use in this unit.

Journal articles or other print material
If one or more pairs of students examine a journal article or other print material that features support strategies or information about FASD, have each pair of students evaluate it as a source of information using the criteria identified on the "Sample Checklist for Evaluating Health-related Sources of Information" (Grade 8) located on page 312 of the provincial curriculum guide. Engage the class in a discussion to compare their evaluations of the sources. Inform students that their peer partner checklists will contribute to their Level A mark.

Websites
To evaluate health-related information on websites, students may use the "Sample Checklist for Evaluating Health-related Information", Appendix 8-B, page 312 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. Add an item about references such as "information includes reliable references to substantiate a point or claim". Note the list of websites in Appendix 8 of this sample unit.

Please also note the following: Some websites claim that there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies the assessments looked for symptoms only with newborn babies. The researchers may not have realized at the time that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways. It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?

Experiment
If the students did not do the Brine Shrimp or the Egg/Alcohol Experiment in Grade 7, a group of students or the whole class may do it as part of their research. See the Appendix in the Grade 7 "Alcohol and Other Drugs" sample unit (distributed to all schools in Saskatchewan as part of this resource package of sample units) for instructions. The experiment demonstrates that alcohol affects a living organism.

Appendix 5: Imaging Activity

Materials

Rescue pop cans from the recycling bin, one for each student. Have each student cut a piece of paper about the size of the can and print BEER in large letters. Tape the paper to the can.

Procedure

Explain to students that, in this imaging activity, you will be guiding them to think about certain things and pausing for personal reflections. Discussion may follow the activity.

Direct students to do the following:
Hold up the thumb of one of your hands.

Think: Sometime early in the pregnancy (at about three months) the fetus will be about that size. This tiny body already has a brain, heart, liver, and other organs in the early stages of their development.

Hold the can of "BEER" in your other hand and place it next to your thumb.

Think: When a pregnant woman drinks that can of beer, the alcohol goes into her bloodstream and into the bloodstream of that tiny fetus. The alcohol, containing ethanol, can destroy cells, especially brain cells. If the ethanol from that can of beer destroys even a few cells in that tiny, developing body, think of the damage it can do to that unborn child.

Think: Which is more important – a can of beer or a healthy child? (Pause for personal reflection.) Which is more important – a drink that lasts 10 minutes or a person's whole life? (Pause for personal reflection.)

Think: If you are pregnant, may be pregnant, or are thinking about becoming pregnant, what will you do? What will you do if you are offered an alcoholic drink? (Pause for personal reflection.) If you are in a situation where not having a drink is a difficult decision, who could you turn to for help? (Pause for personal reflection.)

Think: If your partner, friend, relative, or acquaintance is pregnant, how can you support that person in a decision not to drink?

Think: You and no one else intentionally decides to harm a baby. There may be circumstances that make it difficult for a pregnant person to refrain from drinking. What might those circumstances be? (Pause for personal reflections.) She may need your help. How do you think you could support a friend or partner? (Pause for personal reflections.)

Think, do not drink!

Appendix 6: "Support Peers" Scenarios

The following are examples of scenarios involving risks of FASD. Your group may choose one scenario or create your own. Discuss the various options the people have in each scenario and some health-enhancing support strategies. Create and assign characters for the role play. Decide cooperatively the kinds of things each character might say and how s/he might act. Present your role play to the class or another group.

My girlfriend, Maggie, told me that she thinks she's pregnant. She doesn't want anyone to know. We don't drink a lot but she thinks if she refuses a drink, people will be suspicious.

- What are Maggie's options?
- What are the possible consequences of each option?
- How can I help her make a decision not to drink?
- How can I support her?

My best friend, Mohammed, has a sister who would really like to have a baby. She thinks a baby could give her purpose in her life and help her deal with her drinking problem.

- Is Mohammed's sister being realistic?
- What are the possible consequences of her having a child?
- What might I say to her that is respectful and yet convincing?
- How can I support her?

Students are discussing a poster illustrating the damage drugs and alcohol may do to an unborn child. A boy in the class says, "FASD is a girl's problem. If she wants to drink, that is her right. It has nothing to do with me".

- How would you respond to that statement?
- What arguments might the boy have?
- What support responsibilities do boys or men have in the prevention of FASD?
- How might males support one another in the prevention of FASD?

My sister is really pleased to be pregnant. She doesn't drink much but she and her partner do sometimes have a beer in the evening.

- What can I say to her and her husband?
- How might my sister and her husband respond?
- How can I convince them that alcohol and other drugs may cause lifelong problems for their child?
- How could I support my sister and her husband?

My friend told me that he and his partner sometimes have unprotected sex. He says they both prefer it that way. They like to party where drinks and drugs are generally available.

- What can I say to them?
- How can I convince them that as long as they're drinking they should NOT get pregnant?
- How could I support them?

The class is discussing the effects alcohol can have on a fetus. They talk about the medical and social problems that may result from fetal alcohol exposure. When the teacher mentions the physical features that are associated with FASD, one of the students points to Jackie and says, "Jackie looks like that! Jackie has FASD!" Some of the students laugh as Jackie bursts into tears and runs from the room.

- What can you do for Jackie?
- What can you say to the student who blurted out the comment and to those who laughed?
- Whether you are a friend of Jackie's or not, how can you support him or her for the rest of the school year?

Appendix 6 (continued): "Support Peers" Scenarios

The following are some scenarios describing what has happened or what can happen to people affected by FASD. Your group may choose one scenario or create your own. Discuss the various options the "supporting peer" has in each and choose the best health enhancing support strategy or strategies. Create and assign characters for the role play. Decide cooperatively the kinds of things the characters might say and how they might act. Present your role play to the class or another group. The questions to consider are:

- If you are the person's peer, what are your options?
- If you are the person's peer, how can you support her or him?

Xavier puts on her earphones and listens to some favourite music when she is reading, doing assignments, or writing tests. This helps her block out distractions and be more relaxed. One day her CD player and her CDs are missing. Xavier is not sure if she left them somewhere or if someone took them.

Shawn's mother has to go to work by 6:30 a.m. three days a week. His mother is careful to set his alarm and leave breakfast for him on the kitchen table. But some days the alarm does not wake him. On those mornings, Shawn is often late for school or does not bother going at all.

Kam does well in most subjects but finds Math difficult. It seems he understands new work perfectly one day. Then a few days later, during a review exercise, he gets so frustrated when he simply cannot remember what he once understood.

Allyson finds school very stressful. There are so many things on the bulletin boards and the chalkboard, and lots of voices and noises that are difficult to sort out. Her brain has to work so hard trying to concentrate on what is important that, by the afternoon, she is often very tired. When the class goes to the library on Thursday afternoons to read or do research, Allyson sometimes falls fast asleep.

On Monday and Wednesday afternoons, Ashley's class has Science. Ashley likes the class but has a hard time following the teacher's instructions. Part of the problem is that she is tired. Also, the teacher talks fast and gives several instructions at the same time. When Ashley asks for help, the teacher is critical and tells her to listen next time. Ashley's friend suggests she talk to the teacher and explain her situation. But Ashley does not want to do that. She explains, "Then he'll just put me into an 'FASD box'. I want to be treated like a whole person, not just seen as someone with a disability. But I do wish he'd see that I'm working hard and trying my very best!"

Hans had been taking piano lessons for four years. He and his friend, John, found some duet music and often played together for fun. One summer, Hans traveled to eastern Canada with his family and did not play the piano at all. When he got home, he and John got together. When they sat down on the piano bench, Hans seemed puzzled and asked, "Where is middle C?" John showed him and started to play his part. But Hans just stared at the music. "I've forgotten how to play," he said. John showed him a few things but Hans could not read the music. What he had learned about playing the piano over the past four years was simply gone.

Shen is invited to a party. There is alcohol and marijuana there. Shen knows that she should not use any of that, because she is too young, and because she went through withdrawal at birth. Some of the others at the party pressure her, and she takes a drink. The others stop after a couple of drinks, but Shen does not know how to stop. She ends up in the hospital.

Kim has a hard time understanding dating. He really likes Kerry and so he follows her everywhere and stands and sits very close to her. Finally, Kerry yells at him telling him to leave her alone. Kim is shocked and confused. He does not understand what he did wrong.

Appendix 6 (continued): "Support Peers" Scenarios

Kelly (not her real name) lives in Saskatchewan and has FASD. When she was in Grade 4, she told her mother how she thought her brain worked. Her mother thought that Kelly's insight was quite remarkable and wrote it down. This is the story Kelly's mother wrote.

KELLY'S STORY OF HOW HER BRAIN WORKS

One evening at bed time Kelly began to talk about how learning was for her. This was her explanation:

First she told me that she was really intelligent, that she did have all the answers, but she had trouble getting them out of her brain. When I asked her what that was like she explained the following:

Mom – you know the hand in your hand? The hand that goes up to your brain when it needs to get the answers to the teacher's questions. When she (the teacher) puts work in front of me, the hand goes up to my brain (Kelly puts her hand over her hand and lifts it up as if it is inside her other hand, and starts moving it towards her head). It has to find the hole to go up into the brain and get the answers. Sometimes it's hard to find the hole. There are two thousand holes, but only a thousand of mine can open. And sometimes there is a hole open right away, but sometimes it's too small, or it's closed, and I have to look for an open hole. Sometimes I have to look and look to find an open hole. It can take a long time. I can't use the same hole right away, so I have to look for new ones. They close up tight after I use them. When I do find a hole I can just grab the answer, and bring it down to my hand and answer the questions.

Kelly was very proud of herself. She said that she hadn't ever been able to put it into words before. When I said how amazing she was, she said she knew that.

I asked her if she would be able to tell her teacher about what learning is like for her. She said she didn't think so, but that she might tell her tutor.

What amazing conceptualization she showed. Most people cannot begin to conceptualize how their brain works. She was able to say out loud what it felt like to get information out to the world. How frustrating it must be to go through that exercise time and again.

Printed with permission of Kelly (pseudonym) and her mother who both prefer to remain anonymous.

If Kelly was a student in your class or a peer you would like to support, consider the following:

- What are her challenges?
- What are your options?
- How might you support her?

Appendix 7: A Sample Action Plan

Name	
Date	
Goal Statement	My goal is to practise and role play a situation suggested in Appendix 6. This will improve the skills I may need to support a peer in order to prevent a child from being born with FASD.
Who	My group includes Gillian, Matt, and me. Together we will design, practise, and present a role play situation to meet our goal. Our support people are ...
What	I'll practise phrases that: • show confidence • recognize effort • are respectful • demonstrate acceptance • emphasize the positive • are factual.
How	I'll use clear statements, appropriate eye contact, and relaxed body language. My step by step plan: 1. 2. 3. etc. In order to achieve my goal, there are some very important skills I need to practise: • •
Why	The role play will give me the chance to practise using my own language. This will give me the confidence to support a peer in a real situation. Some barriers I may face are … I will deal with them by …
When	We'll begin practising after school on Tuesday and continue practising on the following Wednesday and Friday (and Sunday afternoon, if necessary). We'll role play the scenario for the class (or another group) on ... We'll evaluate our progress on … We'll check in with our support people on …
Where	We'll practise at my place on Tuesday and at Matt's the other days. We'll present our role play on ______(date)______ at ____(location)____.
Signatures	

Appendix 8: Resources

Print

Godfrey, Martyn. (1992). *Don't Worry About Me, I'm Just Crazy*. Markham, ON: Stoddart Kids (FHW).
Robert shows good judgement in coping with his alcoholic father and supporting his best friend when he considers suicide. This is a humourous story of young people coping with unhappy circumstances.

Kreiner, Anna. (1996). *Everything You Need to Know About Creating Your Own Support System*. 1st ed. (Print-Non-Fiction). (The Need to Know Library Series). Rosen Publishing Group (SBC), 1996.
This book addresses ways that adolescents can create their own support system of trustworthy people who can help build skills and solve problems.

Kropp, Paul. (2002). *Tag Team*. Toronto, ON: High Interest Publishing (CHNT).
A target of bullies, due to his small stature, reluctantly accompanies a friend to join the wrestling club. To his surprise, as he begins to experience success in this sport he starts to develop self-confidence.

Kulp, Liz. (2000). *The Best I Can Be: Living With Fetal Alcohol Syndrome or Effects*. Brooklyn Park, MN: Better Endings New Beginnings (BTT).
A mother and her daughter tell their compelling stories of living day-to-day with FASD showing its long-term effects and its impact on families and relationships. They experience many challenges but have very positive attitudes.

Lekich, John. (2002). *The Losers' Club*. Toronto, ON: Annick Press (FIR).
Alex, who has a disability, starts the Losers' Club for the school outcasts to deal with the aggressive bullying at his school. As other students support him, the story shows how teens can deal with difficult issues such as bullying, self-esteem, and peer pressure.

McNicoll, Sylvia. (2004). *A Different Kind of Beauty*. Markham, ON: Fitzhenry & Whiteside Ltd. (FHW).
Elizabeth is training a seeing-eye dog. Kyle, a diabetic, has lost his eyesight. Both characters experience challenges within their personal relationships with family and friends. In the end, a new kind of beauty is discovered by all.

Peters, Julie Ann. (2003). *Define "Normal"*. New York, NY: Little, Brown and Co. (FEN).
Antonia reluctantly becomes a peer councillor to a punker. However, when she develops problems, it is hard to tell who is helping whom.

Philbrick, Rodman. (1993). *Freak the Mighty*. New York, NY: Scholastic, Inc. (SCH).
Max and Kevin, both living with challenges, decide that they make a good team. Max becomes the body needed for Freak the Mighty's imaginative feats of chivalry and daring. When Kevin dies, Max realizes that he is a worthwhile person in his own right. This is a short, powerful story about the courage needed to live with disabilities.

Video

LeRose, Maria & Bartlett, Sharon. (Directors). (2002). *F.A.S.: When the Children Grow Up* [Video]. Burnaby, BC: Knowledge Network (NFB).
Real-life stories, portrayed in a positive manner, convey the message that FASD is preventable. Although this video is directed toward caregivers, teachers and students could use segments from it to infer how they might support a student or peer with FASD.

With Child, Without Alcohol [Video]. (n.d.). Winnipeg, MB: Manitoba Liquor Control Commission (MLQ).
This video contains a series of public service announcements related to the affects of drinking alcohol during pregnancy. A teacher's guide is included.

Websites

Alberta Children's Services: http://www.child.gov.ab.ca/whatwedo/fas/page.cfm?pg=index
This site has information about FASD, an interactive "test your knowledge" component, and recipes for "mocktails."

FASD Connections: http://www.fasdconnections.ca/
This B.C. site is designed to help adolescents and adults living with FASD, as well as their families and support people. It offers a wide variety of articles, poems, stories, and information about FASD.

FASD Simulation Test: http://www.come-over.to/FAS/SimTest.htm
This site demonstrates how a person with FASD may "see" and have to respond to a written message.

Saskatchewan Prevention Institute: http://www.preventioninstitute.sk.ca/fasoverview.php
This site offers information about FASD.

Human Resources

Health Help Line: 1-877-800-0002

Kids Help Phone Line (24 hours): 1-800-668-6868

Speakers Bureau: The Saskatchewan Prevention Institute in partnership with the FASD Support Network of Saskatchewan has speakers available around the province. To arrange for a speaker, please call the FASD Educator at 306-655-4077 (Saskatoon). A payment of honorarium/travel expenses is encouraged but is not required, in most cases.

Teacher/Parent Resources

Alberta Government on FASD: http://www.education.gov.ab.ca/fasd/
This site provides access to resources on teaching for prevention of FASD and teaching FASD students.

Alberta Alcohol and Drug Abuse Commission (AADAC): http://corp.aadac.com/
This site offers information about drugs and alcohol and has an interactive component for students.

Canadian Centre on Substance Abuse: http://www.ccsa.ca
This site offers various articles on FASD.

FASD Support Network of Saskatchewan. http://www.skfasnetwork.ca
This website/agency is especially appropriate for parents/caregivers of children affected by FASD.

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators, 2004. Regina, SK: Saskatchewan Learning.
The resource is available at: http://www.learning.gov.sk.ca/branches/curr/special_ed/docs/misc/ fasd2004.pdf and was also mailed to all schools.

Saskatchewan Prevention Institute: http://www.preventioninstitute.sk.ca
This site offers information about FASD.

Students Like Me: Teaching Children with Fetal Alcohol Syndrome [Video]. (2000). Vida Health Communications (CLC), 30 min.
This video provides practical strategies for teachers to use in the classroom to support students with FASD. These adaptations can eliminate frustration for both the student and the teacher as student needs and concerns are addressed.

References

Anonymous. (2005). *How my brain works.* Regina, SK.

Saskatchewan Learning. (2004). *Planning for students with Fetal Alcohol Spectrum Disorder: A guide for educators*. Regina, SK: Author.

Saskatchewan Prevention Institute. (2000). *Fetal Alcohol Syndrome: A resource for professionals*. Saskatoon, SK: Author.

Saskatchewan Prevention Institute. (2004). *Facts on Fetal Alcohol Spectrum Disorder* [fact sheet]. Saskatoon, SK: Author.

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Grade Nine

A Learning Resource to Strengthen
Fetal Alcohol Spectrum Disorder Awareness

Dating Unit

Saskatchewan
Learning

Saskatchewan
Health

SASKATCHEWAN
LIQUOR AND GAMING
AUTHORITY

2007

Dating Unit:
A Learning Resource to Strengthen
Fetal Alcohol Spectrum Disorder (FASD) Awareness
Grade 9

F.Y.I.

Throughout Middle Level Health Education, students develop the skills to access information, evaluate it, and then make informed decisions. In this unit, students gather information about various aspects of dating, both in the past and the present; explore the characteristics and consequences of dating practices; identify strategies and make decisions to help them enhance dating practices while "promoting health", the perspective for Grade 9 Health Education.

Students explore the practice and consequences of teen alcohol use while dating or socializing and the risks of Fetal Alcohol Spectrum Disorder (FASD). Teachers, students, and parents must be aware that there may be students in the class affected by alcohol use in their homes and/or FASD. It is not the intent of this unit to identify or diagnose these students but rather to support them and be proactive in promoting health. Teachers need to ensure that there is respect and support for all students. It is important that both teachers and students appreciate that alcohol use/abuse and FASD are complex issues and that enabling youth to pursue a healthy lifestyle involves the cooperation of families and the community.

Saskatchewan Learning recommends the establishment of a Health Education Liaison Committee in each community (see pages 5 and 6 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 for information about forming a liaison committee). The provincial curriculum guide is available at http://www.learning.gov.sk.ca/docs/health/health6-9/index.html. Some communities may already have this support in place. A parent advisory or liaison committee can be beneficial to coordinate health education and support for students' needs. A liaison committee comprised of students, parents, educators, health professionals, and community members might assist in acquiring, selecting, and providing resources for health education. Such committees provide a valuable link between the school and community.

Dating Unit: A Learning Resource to Strengthen (FASD) Awareness

Time Frame

This unit will take approximately six to ten hours to complete.

Foundational Objectives and Learning Objectives

Level A – Extend Knowledge Base

Foundational Objectives

Students will acquire and evaluate health-related information to discover that dating comes in various forms and serves many different purposes.

Students will conclude that limits need to be discussed and agreed upon beforehand.

Learning Objectives

Students will:
- describe the important characteristics of someone they may want to date
- explore why and how people dated in the past
- identify similarities and differences that exist among different cultures about how and why people date
- seek out information from people who may be knowledgeable (e.g., parents, grandparents, elders, church leaders, community leaders of cultural groups) (IL)
- seek information (e.g., about alcohol and its affect on decision making in dating situations) through a steadily expanding network of options including libraries, databases, and the Internet (IL)
- give examples of things people do on dates
- list the positive and negative aspects of dating
- identify the positive consequences of setting limits (e.g., use of alcohol, degree of intimacy) and agreeing to limits early in dating relationships
- discuss date rape in the context of setting limits
- review the personal standards (Grade 6) that affect the limits students set for themselves in dating relationships
- review the strategies of personal commitment (Grade 7) required to set limits in dating relationships
- review the assertiveness skills needed to set limits early in dating relationships and practise them in role play situations
- review the support strategies (Grade 8) that would help students stick to the limits established
- review strategies to support peers who have chosen not to date at this time in their lives
- review the support strategies needed by someone who has experienced date rape or assault.

Level B – Make an Informed Decision

Foundational Objectives

Students will learn the lifelong skills of making health-enhancing decisions about dating.

Students will acknowledge the role health promotion makes in decision making.

Learning Objectives

Students will:
- review the determinants of health and decide which of them apply to youth and dating in their community
- review the strategies of health promotion and determine which of them apply to youth and dating in their community
- seek information from people who may be knowledgeable (e.g., health promotion contacts in health regions) (IL)
- identify some challenges related to the idea of dating in their community (e.g., youth complain of nothing to do)
- identify some health promotion strategies students might use to increase the options of healthy activities (e.g., socializing without alcohol) available for those who date and for those who do not
- explore the consequences of each strategy for themselves, other youth in the community, and the community as a whole
- select the best health promotion strategy based upon specific criteria (CCT)
- develop a goal statement to promote increasing the options of healthy activities available for those who date and for those who do not.

Level C – Carry Out Action Plan

Foundational Objectives

Students will design and implement action plans that promote health-enhancing dating practices.

Learning Objectives

Students will:

- design an action plan that promotes health in dating relationships
- identify the skills and traits of a support person who can monitor leadership skills in promoting health
- identify criteria and use them to assess the design elements of an action plan
- carry out action plans and evaluate their implementation
- revise the action plans based upon specific criteria (CCT).

Overview of Fetal Alcohol Spectrum Disorder (FASD) Prevention Education in Health Education Grades 7-9 and Life Transitions 20

	Grade 7	Grade 8	Grade 9	Life Transitions 20
Sample Unit	**Alcohol and Other Drugs Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Decision-making Process Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Dating and Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception**	**Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention**
Wellness Perspectives	**Commit Self**	**Support Peers**	**Promote Health**	**Manage Change**
Content	• what FASD is • how FASD occurs • how FASD can be prevented	• review of what FASD is, how it occurs, and how it can be prevented • communication strategies to support peers	• review of what FASD is, how it occurs, and how it can be prevented • effects of FASD on the family and community • communication strategies to promote health	• review of what FASD is, how it occurs, how it can be prevented, and its effect on the family and community • strategies for managing the changes needed to prevent FASD
Process	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise decision-making skills to commit self	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise strategies to support peers	• practise sound research skills • practise leadership skills and health promotion strategies • promote community supports and services related to the prevention of FASD	• practise sound research skills • study sexuality issues, human reproduction, and pregnancy options • reflect on personal strategies for managing change within the context of FASD prevention
Suggested Activities	• experiments • commit self scenarios • consequence wheel	• imaging activity • support peers scenarios	• interviews • promote health scenarios	• lifeline • project (display, debate)
Suggested Resources	• appendices – information about FASD, alcohol, other drugs; experiments and consequence wheel guidelines; scenarios; letter/Midori • books about alcohol, drugs, FASD; websites; human resources • video – *Don't Drain your Brain: How Alcohol Damages the Brain*	• appendices – FASD information, T/F page, imaging, scenarios, sample action plan • books about supporting peers, FASD; websites; human resources • videos – *FAS: When the Children Grow Up* and *With Child, Without Alcohol* (selected segments)	• appendices – FASD information, information about alcohol and dating issues, personal standards, scenarios • books about dating; websites; human resources	• appendices – information about FASD and testing newborns for alcohol exposure • books, websites, human resources • videos – *FAS Forward: A Fresh Look at Fetal Alcohol Syndrome; With Child, Without Alcohol* (selected segments) and *The Final Score: Winning Against FAS*

Unit At a Glance

Decision-making Process	Content	Resources
Level A – Extend Knowledge Base	Overview of unit	Interview template, page 62 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, (1998)
1. Reflect on what you know about the issue.	Explore dating practices, past and present (interview)	
2. Research the issue. Find the facts.	Identify what decisions they control	Appendix 2
	Identify what they need/want to know (e.g., about dating, alcohol use, FASD)	
	Explore issues around dating and violence	Appendices 3 and 4
	Explore issues around dating and drinking alcohol	Appendices 3-6
	Access various resources	Appendix 9
	Review personal standards (Grade 6) and strategies of personal commitment (Grade 7)	Appendix 7
	Set personal limits re: dating	
	Role play assertive strategies to help maintain limits	Appendix 8 Appendices 7-F and 7-G in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
Level B – Make an Informed Decision	Review determinants of health and health promotion strategies	Decision-making Process Unit, Grade 9
3. State the challenge. Explore alternatives and consequences.	Explore opportunities for youth in the local community	Local guest speaker
	Explore opportunities for health promotion strategies	
4. Make a decision. Set a personal goal.	Develop a goal statement to promote the availability and selection of healthy activity options for those who date and for those who do not	
Level C – Carry Out Action Plan		
5. Design and apply an action plan.	Design action plans supporting the goal statement	Appendices from *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
6. Evaluate progress. Revise as needed.	Carry out and evaluate the action plans. Revise as needed.	Appendices 9-F to 9-I, pages 406 to 409

Decision-making Process Level A – Extend Knowledge Base

1. Reflect on what you know about the issue.

Learning Objectives

Students will list the positive and negative aspects of dating.

Students will give examples of things people do on dates.

Students will describe the important characteristics of someone they may want to date.

Instructional Strategies/Methods

Teaching Notes

Direct Instruction: structured overview

Provide students with an overview of what is to be included in this unit of study.

Remind students of the perspectives emphasized each year in Health Education.

Review the perspectives for Grades 6 to 8.

- Grade 6 – Affirming Standards
- Grade 7 – Committing Self
- Grade 8 – Supporting Peers.

Remind students that the perspective for Grade 9 is "promote health". Explain that this unit will focus on health promotion within the context of dating.

Interactive Instruction: discussion

Ask students:

- Why do people date? (e.g., to socialize, have a reliable friend or a long-term partner, have a sexual relationship, satisfy a need for someone to love and be loved, have a dancing partner, because of peer pressure)
- Why do people not date? (e.g., a preference for group activities, not feeling ready, shyness, unsure how to go about asking for a date, cultural traditions, fear of being hurt or rejection, avoiding alcohol or sexual pressure)

Discuss the pros and cons of dating and not dating at this stage of students' lives and in the future.

Interactive Instruction: brainstorming

Brainstorm a list of the various activities available in the community for people who date or socialize with friends. Accept all suggestions, positive or negative, listing them on chart paper. The teacher may wish to file the chart in order to revisit this activity in Level B.

Indirect Instruction: personal reflection Venn diagram

Ask students to think of the kind of person they would like to date. Have them each create a Venn diagram in their notebooks to illustrate what they might have in common with this person and how they might be different. (For a Venn Diagram, draw two overlapping circles, one representing "me" and the other "my date". Students itemize their differences in the separate sections and their similarities in the overlapping section of the two circles.)

Students may consider physical, cultural, and personality differences and similarities as well as their interests and preferred activities. If students are unfamiliar with the Venn diagram, do an example or two on the chalkboard. Point out to students that this might be a valuable tool to help them evaluate their relationship with someone now and in the future.

Student Assessment Techniques
The activities in this part of Level A may help the teacher identify particular aspects of dating that may need further exploration in the rest of the unit. In that respect, this part of Level A could act as a needs survey.

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will explore why and how people dated in the past.

Students will identify similarities and differences that exist among different cultures about how and why people date.

Students will seek out information from people who may be knowledgeable (e.g., parents, grandparents, elders, church leaders, community leaders of cultural groups) (IL).

Instructional Strategies/Methods

Teaching Notes

Interactive Instruction: discussion

Discuss with students the idea that in order to understand our present culture, we need to understand the past as well as the beliefs and practices of the cultural groups with whom we coexist. Challenge students with two questions:

Question 1: How and why did people in previous generations date?
Question 2: How do the people of various cultures in our community and our province regard dating? What are the similarities? What are the differences between cultures?

Independent Study: interview

Ask students to choose one of the above questions and commit to interview one or more adults in the community for information. Students may work individually or with partners. Students should plan open-ended questions, being careful to give opportunities to talk about personal experiences without delving into private issues or concerns. Students should make appointments and discuss the topic with the person to be interviewed. Students should realize that parents, grandparents, or others might welcome the opportunity to talk about their experiences and beliefs. The evaluation template for interviews on page 62 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 may assist students in planning for and evaluating their interviews.

Students may organize their research on a chart such as the one below:

Topics	Person 1	Person 2
Meeting a female/male		
Asking for a date		
Dating activities		
Chaperones		
Saying goodnight		
Parental permission or expectations		
Curfews		
Age at first date		
Cultural protocols		
Declining a date request		

Interactive Instruction: presenting

Students may share their research in different ways. In all cases, the interviews should remain anonymous. Examples may include:
- two panel discussions, one for each of the two questions
- simulated interviews, reflecting what was learned

Instructional Strategies/Methods

Teaching Notes

- an expansion of the above chart displaying information from all the students' research, showing the similarities and differences among different people and/or cultures. For example:

Topics	Person 1	Person 2	Person 3	Person 4	Etc.
Meeting a male/female					
Asking for a date					

Independent Study: personal reflection

The teacher and students may wish to conclude this part of Level A by writing an entry in their personal journals about what they learned from the interviews and the sharing of information with classmates. Questions may be as follows:

- What do I know now that I did not know before?
- How will this knowledge affect how I regard my own dating practices?

Students may choose to share (or not) what they wrote.

Student Assessment Techniques
To assess students' abilities to plan and conduct interviews and share information gathered, templates on pages 49, 54, 58, 61, and 62 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 may be used or adapted.

Student Evaluation Techniques
The students and the teacher may do the evaluation collaboratively. Each student may be given the opportunity to weight a particular aspect more heavily. For example, one student may wish to weight the interview activity more heavily as more time was spent on conducting the interviews than on other activities. Conversely, another student may wish to weight the follow-up journal entry more heavily to reflect the effort placed on this activity. The teacher may assign a grade or mark to indicate the weighting desired by the student.

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives

Students will identify the positive consequences of setting limits (e.g., use of alcohol, degree of intimacy) and agreeing to limits early in dating relationships.

Students will discuss date rape in the context of setting limits.

Instructional Strategies/Methods	**Teaching Notes**
Interactive Instruction: peer partners See Appendix 1 of this sample unit for background information about FASD.	Discuss with students the areas in their lives over which they have control. Students may use the Discussion Guide (Appendix 2 of this sample unit) with a partner or small group and rate each item using the scale provided. Have groups share their thinking, especially concerning the areas in which students have partial or complete control. Encourage students to discuss various circumstances, situations, and in what ways other people may be instrumental in making decisions that affect students' lives.
Interactive Instruction: discussion pair/share	Discuss the importance of having control over who they date and over setting limits. Students may wish to respond to the question, "If you had a date on Friday night, what would you like to do? What would you not like to do?" Students may/may not share their ideas with a partner or the class. Discuss the importance of open communication within any relationship and especially a dating relationship. List the advantages of setting limits and discussing these with their dates. Students may share their ideas with a partner or the class.
Interactive Instruction: jigsaw activity	Use a jigsaw activity to explore with students issues around violence – in the media, on the playground, in dating relationships, and in the community. Divide the class into groups and distribute pages from Appendix 3: Media Violence and Relationships and Appendix 4: Safety While Dating as well as other related materials to each group. Each group should have different information. When each group has read and identified the main points of their material, they rotate and share their information with each other group.
Interactive Instruction: discussion	Debrief the activity by discussing what violence is and how it can be dealt with or avoided. Emphasize that violence can be physical and/or psychological and can leave deep scars both visible and invisible. Rape, for example, may hurt the victim physically, can destroy a person's self-esteem, and may damage the victim psychologically for life. Students should be fully aware that sexual harassment, assault, and rape are criminal acts. Review the kinds of support that friends and family may give to people who have experienced rape or assault.
Interactive Instruction: discussion	Spend some time addressing other issues in sexual relationships. Some students may already be sexually active. Others, during the next few years, may be faced with decisions on whether or not to enter into sexual relationships. In order for students to take setting personal limits seriously, students need to fully understand the possible consequences of sexual intercourse. Some of the areas to emphasize are the following: • Sexual intercourse should happen only when the two people involved are mutually agreeable.

Instructional Strategies/Methods

Teaching Notes

- Contrary to media images, sexual intercourse is not always enjoyable or satisfying. In fact, it might be better to wait. For example, students may be better prepared to cope with the complexities of sexual relationships when they are older or more mature.
- Sexual intercourse is a major step in a relationship and should not be taken lightly.
- Dating may involve strong emotions (e.g., attachment, love, control).
- Dating may consist of a heterosexual or homosexual relationship.
- Possible consequences include STIs, HIV, and pregnancy.
- No system of contraceptives is 100% safe.
- If students' dating involves alcohol or other drugs, personal judgements may be impaired.
- Precautions must be taken to reduce the risk of pregnancy, HIV, and STIs.
- Precautions must be taken to prevent FASD.

Teachers should be aware that research indicates that 5% to 10% of youth are gay, lesbian, or bisexual. All youth should feel safe and included in the school community.

Interactive Instruction: discussion (or brainstorming)

Ask students, "What is a healthy dating relationship?" Students may work individually or with a partner to develop a list of characteristics/criteria or the teacher may facilitate a brainstorming of ideas with the class. Some examples:

- be friends
- respect each other
- respect each other's limits
- have common interests, enjoy doing things together
- have a sense of humour
- feel relaxed when together
- share decision making
- enjoy each other's circle of friends
- can agree to disagree
- treat each other like equals.

Interactive Instruction: cooperative learning

To conclude this portion of Level A, students may wish to compose and post their own "Dating Bill of Rights and Responsibilities" in their journals, on a poster, or on a bookmark.

Student Assessment Techniques

To assess how effectively students participated in the cooperative group activities, students and/or the teacher may use the templates on pages 52-55 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. The teacher may use a checklist to indicate to what extent students participated in discussions.

Student Evaluation Techniques

The students and the teacher may individually assign a letter grade to indicate the extent to which the objectives of Level A were met. Through discussion of respective criteria used and the reasons for the difference, if any, between the student and the teacher letter grades, a final mark will be jointly determined.

Decision-making Process

Level A – Extend Knowledge Base
1. Reflect on what you know about the issue.
2. Research the issue. Find the facts.

Learning Objectives

Students will seek information (e.g., about alcohol and its affect on decision-making in dating situations) through a steadily expanding network of options including other libraries, databases, and the Internet. (IL)

Instructional Strategies/Methods

Teaching Notes

Identify "drinking alcohol" as an activity of itself. It is often associated with various activities including dating. Students should be aware that it is an activity that may have significant consequences. Point out that, in Saskatchewan, it is against the law for youth under the age of 19 to buy or consume alcoholic beverages. This law is designed to protect youth. Explain that although drinking alcohol may not be an issue for students now, they may need to make decisions about dating and alcohol use in the future.

Interactive Learning: discussion

Have students consider what they know about the short and long-term effects of alcohol on the individual drinking it as well as on the person's peers and family. Students may work with a partner to jot down several ideas. After a few minutes, distribute to each pair of students a copy of Appendix 5: Information Page – Quick Facts About Alcohol. Have students check their ideas against the information provided. Have students share their ideas and what was learned with the class.

Interactive Learning: think-pair-share

Point out that the information page talks about Fetal Alcohol Spectrum Disorder (FASD). Ask students to work with their partners to jot down what they know about FASD. After a few minutes, distribute to each pair of students a copy of Appendix 6: Some Frequently Asked Q/A About FASD. Have students check their ideas against the information provided. Have students share their ideas and what was learned with the class.

Note to the teacher: There are now two sample units for Grade 9 that include FASD – this unit and the Grade 9 sexual health sample unit "Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception". Because there are different learning objectives in each unit, it is appropriate to teach about FASD in both. In which unit it receives major emphasis, however, is up to the teacher.

Independent Study: research

Students may consider what they have learned about dating, the use of alcohol, and FASD and identify what they need or want to know. They may use a visual organizer similar to the following to organize questions and the answers they find through research.

Topic	What I want/need to know ...	What I found out ...

Independent Study: research

Questions the students identify for research might include the following:
- How does alcohol affects one's decision making in dating situations? (One's inhibitions may be lessened and one's judgement affected. For example, one may drive or ride with an impaired driver or may have sex or unprotected sex when one normally would not.)

Instructional Strategies/Methods

Teaching Notes

- How does alcohol affects one's behaviour in dating situations? (For example, a person might become ill, humourous, quiet, rowdy, violent, or controlling.)
- What are the risks of drinking and driving, or riding with someone who has been drinking?
- What are the risks of drinking alcohol while pregnant? (Both short and long-term consequences for the dating couple and the child should be considered.)
- What challenges do people affected by FASD face? How can the school, family, and/or community support them?
- Why do some youth drink alcohol when dating?
- What resources (e.g., agencies, detox centre, helpline) are available in the community for people who may be affected by alcohol?
- What dating activities do not involve the use of alcohol?
- What does research say about youth and alcohol?
- What decision-making skills do I need in order to make healthy decisions about alcohol and sexual relationships now or in the future?
- How does the media portray dating and the use of alcohol? What are the realities?

Note that ALL students should know how alcohol affects individuals, families, and the community as well as what FASD is, how it can be prevented, and in what ways people affected by FASD can be supported.

Independent Study: research

Students may work individually or in pairs to assume responsibility to research the answer to two or three (or more) questions about FASD and about alcohol and dating. Students may use the information in Appendices 4 to 6, and access print material, human resources, or websites as part of their research (see Appendix 9: Resources). This may be done as a homework assignment, during class time, or a combination of the two.

An important note regarding some FASD websites: Some websites may claim that there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies the assessments looked for symptoms only with newborn babies. The researchers may not have realized at the time that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways. It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?

Independent Study: student generated questions/ answers

To share their research findings, have students participate in a classroom quiz where the questions are taped to students' desks and the students move to answer the question. This method allows students to use diagrams, illustrations, a page in a book, or other resources to accompany their questions. The procedure is as follows:

Instructional Strategies/Methods	Teaching Notes
	1. Each student submits a few short-answer questions to the teacher. The teacher reviews the questions and ensures that information about FASD and the effects of alcohol on dating are satisfactorily addressed and that there are no duplicate questions. 2. Students write their questions on cards and tape the questions to their desks. The questions remain on the desks as students rotate to answer them. 3. Students number the question cards taped to their desks in the order that the class will rotate. 4. Distribute sheets of lined paper. Students list numbers according to the number of questions, leaving sufficient spaces for each answer. 5. Students begin the quiz by answering their own questions. Ensure that each student begins at the appropriate number. For example, the student sitting at the desk with question #18 must begin the quiz at #18. 6. After students have answered their own questions, ask them to rotate. Allow enough time (about 20-30 seconds) for students to answer the question at each desk. Continue until students are back at their own desks.
Interactive Learning: discussion	When students return to their own desks, students may mark their own papers as the class discusses the questions and answers. Take time to discuss all questions, especially those that seemed problematic, in order that students come away from the activity well informed about alcohol, dating issues, and FASD.

Student Assessment Techniques
To assess how effectively students meet the learning objectives, contribute to the class quiz, and participate in the discussion, students and/or the teacher may use or adapt the template "Checklist to Assess Student's Ability to Use Information in Reading for Meaning" on page 49 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998.

Student Evaluation Techniques
The students and the teacher may each select two assessment items to bring to an evaluation conference meeting. For example, the student may bring the list of references used to complete their research along with a completed reference checklist for each resource. The teacher may choose to bring an observation checklist that notes the student's behaviour during the quiz along with a rubric that grades the quality of the student's research findings. The teacher and respective student will determine a letter grade based on the items brought to the meeting.

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will review the personal standards (Grade 6) that affect the limits students set for themselves in dating relationships.

Students will review the strategies of personal commitment (Grade 7) required to set limits in dating relationships.

Students will review the assertiveness skills needed to set limits early in dating relationships and practise them in role play situations.

Students will review the support strategies (Grade 8) that would help students stick to the limits established.

Students will review the support strategies needed by someone who has experienced date rape or assault.

Instructional Strategies/Methods	**Teaching Notes**
Interactive Instruction: discussion	In conjunction with students' research, the teacher may review with students the personal standards students set for themselves in Grade 6 and the strategies of personal commitment (Grade 7). Invite students to identify strategies that will support their personal commitment related to dating. As a reminder, the strategies might include: • identifying one or more people who will provide support • identifying a family member for check-ins and encouragement • designating specific check-in dates to meet with the support person(s) • designating specific "celebrations" of the steps taken toward the goal • asking for help when necessary (willingness to ask for help is a sign of maturity) • keeping a record (e.g., chart, graph, journal) • making a visual reminder of your goal (e.g., a plant as described below).
Interactive Instruction: discussion	The teacher may choose to use Appendix 7: My Personal Standards for students to organize their thinking. Alternatively, a plant may be an appropriate visual for students as they set their personal dating limits. The teacher may draw an example on the chalkboard, showing: • roots – my personal standards, what anchors me • stem – my support person(s) • leaves – sources of nourishment, what motivates me, the strategies that help me stick to the limits I have set for myself • flower – my goal, the limits I have set for myself • weeds around the plant – barriers or stressors that may hinder me from achieving my goal. What are they? How will I overcome them?
Interactive Instruction: brainstorming	Brainstorm a list of "weeds" or various dating stressors where the students' limits or standards may be challenged. The list may include what students have experienced or what they think they might experience in the future. Students may be reminded that, like weeds, stressors initially removed may come back. Students should consider what to do in that event. Examples of "weeds" or stressors: • disagreements ranging from what movie to see to wanting to break up • the use of alcohol or other drugs • changing one's mind

Instructional Strategies/Methods	**Teaching Notes**
	• love triangles • jealousy and control issues • going against a popular trend/fad • peer pressure • curiosity (e.g., wanting to 'push the limits') • parental/family expectations.
Interactive Instruction: discussion	Review and discuss the problem-solving behaviours (passive, aggressive, and assertive) from Grade 7. For a review of these behaviours, see Appendices 7-F and 7-G on pages 232 and 233 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998.
Interactive Instruction: cooperative groups	Divide the class into small groups with each group taking one of the dating stressors that students listed in the brainstorming session above and identify a particular situation (e.g., a person saying to his/her partner that s/he wants to stop dating, or a disagreement about the consumption of alcohol). Appendix 8: "Promote Health" Scenarios may also be used here. The students may identify and then role play passive, aggressive, and assertive ways the conversations in the scenarios could proceed. Students may choose the role-played behaviour that is both respectful and effective in order to set limits.
Independent Study: personal reflection	To conclude this lesson, students may use their journals to create the image of a plant, a tree, or other image and write in the appropriate places: • their own personal standards • their limits • their support persons • the possible barriers or stressors (weeds) students might encounter • how students will deal with the barriers.

Student Assessment Techniques
To assess how effectively students participated in role plays, students and/or the teacher may use the template on page 58 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. The teacher may use a checklist to indicate to what extent students participated in discussions. Students may use the five points listed above as criteria in order to self-evaluate the images they created in their journals.

Student Evaluation Techniques
The teacher may ask students to bring two assessment items for discussion and evaluation. For each item, students are asked to speak to the strengths and weaknesses that are portrayed, to assign a score up to 10 for each item, and to list one or more strategies for improving their performance. Based on this discussion and the teachers' assessment of these items, a grade or mark can be assigned to indicate the extent to which the objectives were met.

Decision-making Process Level B – Making an Informed Decision

3. State the challenge. Explore alternatives and consequences.

Learning Objectives

Students will review the determinants of health and decide which of them apply to youth and dating in their community.

Students will review the strategies of health promotion and determine which of them apply to youth and dating in their community.

Students will seek information from people who may be knowledgeable (e.g., health promotion contacts in health districts) (IL).

Students will identify some challenges related to the idea of dating in their community (e.g., youth complain of nothing to do).

Instructional Strategies/Methods

Teaching Notes

Direct Instruction: mini-lecture

Use the wall chart of the Decision-making Process to indicate the progression from Level A to Level B, where students decide what they can do to promote healthy activities in their community for those who date as well as for those who do not. Remind students that the perspective for Grade 9 is "promote health".

Interactive Instruction: discussion

Review the determinants of health introduced at the beginning of the school year in Level A of the Decision-making Process Unit for Grade 9. Discuss the determinants within the context of what students have learned about dating, preventing or responding to violence on dates, preventing FASD, and so on.

Review the health promotion strategies presented in Level A of that unit. Discuss. Examples of health promotion strategies within the context of healthy dating and FASD prevention may be as follows:

Strengthen Community Action

- Work with community members to help raise awareness about the risks involved in selling or serving liquor to minors.
- Work with community members to help raise awareness about the risks involved in drinking alcohol while pregnant.

Build Healthy Public Policy

- Lobby the federal government for warning labels (i.e., risks of drinking alcohol while pregnant) on all alcoholic beverages.

Create Supportive Environments

- Make arrangements to start a support group for people affected by FASD.
- Make arrangements to start a support group for people who have experienced date rape and/or violence in dating relationships.
- List and plan activities suitable for students who are and are not dating.
- Plan alcohol free social events.

Develop Personal Skills

- Practise decision-making skills so that when students are faced with decisions regarding alcohol, sexual relationships, and pregnancy, students will be better equipped to make healthy decisions.

Instructional Strategies/Methods

Teaching Notes

Reorient Health Services

- Support organizations that are working toward improved diagnostic services for FASD.
- Support organizations that are working toward increasing public awareness about date rape.

Discuss the opportunities for youth to participate in alcohol free activities, in groups or on dates, in their communities. (This may build on the list from the brainstorming exercise early in Level A.) Opportunities may include those provided by adults as well as those that students themselves initiate. Keep in mind that some students may immediately claim there is nothing to do. Some students may need to be reminded of their own responsibilities for planning healthy activities that are fun and/or may not require expensive facilities. Students may need some encouragement to mention places, events, and potential activities that students tend to take for granted or tend to denigrate. Have students identify both positive and negative aspects related to each activity. Are there some challenges?

Interactive Instruction: guest speaker

Invite a person from the community to meet with students and explore various venues and opportunities in the community. The person invited might be a youth worker in a local church, school counselor, small group of older students, local coach or activist, health worker, or some other community member. The guest(s) along with the students may identify community opportunities as well as needs.

Student Evaluation Techniques

Students do not need to be evaluated in this portion of Level B. The activities here are meant as a bridge, supporting students with the knowledge they gained in Level A to applying that knowledge to their personal or community situations.

Decision-making Process Level B – Making an Informed Decision
4. Make a decision. Set a personal goal.

Learning Objectives
Students will identify some health promotion strategies students might use to increase the options of healthy activities (e.g., socializing without alcohol) available for those who date and for those who do not.

Students will explore the consequences of each strategy for themselves, other youth in the community, and the community as a whole.

Students will select the best health promotion strategy based upon specific criteria. (CCT)

Students will develop a goal statement to promote increasing the options of healthy activities available for those who date and for those who do not.

Instructional Strategies/Methods	Teaching Notes
Interactive Instruction: discussion	On the basis of what students have learned and discussed in Level A and the first part of Level B of this unit, explore with students the challenges within their community in order to increase the options of healthy activities available for those who date and for those who do not. Students may do this individually or in groups. Some questions to consider are: • What are the key challenges in our community related to dating or not dating? • How can these challenges be addressed? • What are the related consequences (e.g., time, cost, effort, impact, and more)? • What is the best decision/alternative? Why? Students may wish to work with the challenges identified in the health promotion strategies activity to create general challenge statements. Students may change the wording to make the statement relevant to them. Examples may include: • Our challenge is to raise awareness of opportunities for health-enhancing activities available to all youth in our community. This would include youth who are dating and those who are not. • Our challenge is to promote opportunities for alcohol free social events. • Our challenge is to promote awareness of the skills needed to make health-enhancing decisions in dating situations and to practise those skills.
Interactive Instruction: cooperative groups	Students may work with a partner or in small groups. They may select two or three challenges, indicate the strategies they would use to meet each challenge, and rate the strategies according to selected criteria. Students may organize their ideas using a chart such as the following:

Instructional Strategies/Methods

Teaching Notes

Example Challenge: To promote opportunities for alcohol free social activities

Criteria (Rank: Low, Medium, High)

Strategies/ Alternatives	**Time**	**Cost**	**Support**	**Skills**	**Impact**
Research and list alcohol free activities	M	L	M-H	M	
Conduct a survey among peers to determine in what alcohol free activities they would like to participate	M	L	H	M	
Create and post schedules of the activities available on school bulletin boards	M	L	?	M-H	L-M
Create and post schedules of the activities available on the town's website	M-H	L	?	M-H	M-H
Work with local agencies to help plan and sponsor new activities	M	L-M	?	M	?
Invite peers to alcohol free events that some of us already enjoy	L	L	?	L	?
Lobby local venues (sports complex, church) to offer new activities	M-H	L	?	M-H	M-H

Independent Study: goal statement

Following discussion, each student or pair of students may choose one of the strategies/alternatives and write a specific goal statement. For example, if a pair of students chose the last one listed and there was general interest in alcohol free dances on a weekend night, their goal statement might be: "Our goal is to work with the Board of (our) church to offer dances on Friday or Saturday nights. These dances would be open to all youth in our community."

Student Assessment Techniques
The teacher and students may design a checklist to indicate student participation using the following criteria: suggesting challenges, identifying strategies, suggesting alternatives, establishing criteria, evaluating alternatives, selecting a best strategy, and developing a goal statement. The teacher and students may also use templates on pages 64, 65, and 66 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 as assessment tools for Level B.

Student Evaluation Techniques
Use the data collected throughout Level B to make a judgement and assign a grade or mark that reflects the degree to which the student has achieved the learning objectives. Students may submit self-evaluations based on attached assessments for teacher consideration.

Decision-making Process

Level C – Carry Out Action Plan
5. Design and apply an action plan.
6. Evaluate progress. Revise as needed.

Learning Objectives

Students will design an action plan that promotes health in dating relationships.

Students will identify the skills and traits of a support person who can monitor leadership skills in promoting health.

Students will identify criteria and use them to assess the design elements of an action plan.

Students will carry out action plans and evaluate the implementation.

Students will revise the action plans based upon specific criteria. (CCT)

Instructional Strategies/Methods	Teaching Notes
Direct Instruction: structured overview	In Level C of the unit, step-by-step action plans are created to achieve the goal statement(s) declared at the conclusion of Level B. It will be clear from the previous lesson whether students will design individual or group action plans. Whatever the type of plan, review the elements of an effective action plan as presented in the Decision-making Process Unit taught at the beginning of the year. Remind students that 'promote health' is the focus of Grade 9 Health Education.
Experiential Learning: action plan(s)	Distribute copies of Appendix 9-F Sample 5WH Checklist for Planning on page 406 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. This checklist includes the elements of an effective action plan. Have students delete questions that may not pertain to this planning session and add others that do. Provide time for students to complete the checklists. The next step is for each student to select a peer and adult support person. Students need to identify what kind of support they need. They should pay particular attention to thinking about why these people are likely to be effective support people. Students should include their explanations as part of Level C assessment. Appendix 9-G on page 407 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998, may be used as a template. Provide students with an example of an action plan outline such as the one in Appendix 9-J on page 410 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. Students will complete a design form individually or in groups. Students may use the template on page 406 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 for further planning.
Direct Instruction: structured overview	Review with students the following information about assessing and evaluating action plans: • assessment is the process of gathering information • evaluation is the process of making a judgement based on the gathered information • the action plan is assessed in the design phase • implementation of the action plan is evaluated when it has been completed

Instructional Strategies/Methods

Teaching Notes

- the design elements of the action plan are assessed using a rubric such as the one in Appendix 9-H on page 408 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998
- implementation of the action plan is evaluated using a rubric such as Appendix 9-I, page 409 in *Health Education: A Curriculum Guide for the Middle Level Grades 6-9*, 1998.

Experiential Learning: action plan(s)

During the design phase of the action plan, provide each student with a copy of Appendix 9-H Sample Rubric for Evaluating the Elements of an Action Plan to Promote Health on page 408 in *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. The support person may use the rubric to give feedback to the student before s/he or the group submits the action plan to be evaluated.

Interactive Instruction: interview

Create opportunities to interview each student or group of students about the design of their action plan(s). Ask students questions like the following:

1. What is the Grade 9 health perspective?
2. What is the health determinant you are addressing?
3. What is the health action policy you are using?
4. Who are your support people? How will they support you?
5. Who, from the community, might be involved/affected by your plan?
6. What is your challenge statement?
7. What is your goal statement? How will you decide whether or not your goal is met?
8. What might prevent you from achieving your goal? What is your back-up plan?
9. Tell me the steps you have in place to complete your action plan. Where and when will each step occur? Why are you taking each of these steps?
10. What are your check-in dates and your projected end date?
11. Why did you choose to do this action plan?

Experiential Learning: action plan(s)

Distribute copies of the sample rubric in Appendix 9-I on page 409 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. Discuss the importance of keeping a log/diary that demonstrates the implementation of students' action plans.

Check in with students regularly on the progress of their action plan(s).

The teacher and students may choose to celebrate completion of the action plan(s).

Student Assessment Techniques

In the event of individual action plans, the sample rubrics in Appendices 9-H and 9-I on pages 408 and 409 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998 may be used to assess the design elements and the implementation of the action plans. In the event of a class action plan, the teacher and students may establish their own mutually agreed upon criteria and assess students' participation on that basis.

Student Evaluation Techniques

When the individual or group action plans have been completed, a judgement or evaluation needs to be made. Use the assessment data gathered throughout Level C and assign a Level C mark. A student's mark for the entire unit is based on Level A, Level B, and Level C evaluations with each being one-third of the mark for this unit.

Appendices for Grade 9 – Dating: Fetal Alcohol Spectrum Disorder (FASD) Prevention

Appendix 1: Teacher Background Information About FASD
Appendix 2: Discussion Guide (Decisions)
Appendix 3: Media Violence and Relationships
Appendix 4: Safety While Dating
Appendix 5: Information Page – Quick Facts About Alcohol
Appendix 6: Some Frequently Asked Q/A About FASD
Appendix 7: My Personal Standards
Appendix 8: Promote Health Scenarios
Appendix 9: Resources

Appendix 1: Teacher Background Information About FASD

Teachers should be aware that some of their students may be affected by FASD. Teachers, who would like more information on how to support those students and how other students may be supportive of those with FASD, may refer to a resource such as *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators* (2004), Saskatchewan Learning. A copy of this resource was mailed to all schools. In addition, it is located at: www.learning.gov.sk.ca/branches/children_services/special_ed/docs/misc/fasd2004.pdf

Teachers should be sensitive to the fact that some students may display characteristics associated with FASD. The students may or may not be diagnosed with this disorder or the characteristics may be the result of situations other than prenatal exposure to alcohol.

Teachers should also be sensitive to the possibility that some girls in grade 9 may be pregnant and may have consumed alcohol. In that case, teachers should be prepared to provide support and referral to appropriate help.

History

Writings by Aristotle, passages in the Bible, laws from the ancient city of Carthage, and findings by physicians in 18th and 19th century England indicate that there was knowledge that alcohol presented a risk for poor pregnancy outcome. However, this information was lost over time and, in fact, during the 1960s, medical professionals and pregnant women were advised that alcohol might actually help to reduce some of the adverse effects of pregnancy.

Fetal Alcohol Syndrome was identified by researchers in France in 1968 and in the United States in 1973. The first public alert in the U.S. was issued in 1977. Health Canada issued a statement regarding the prevention of FAS in 1996.

How Alcohol Affects the Fetus

Alcohol is a teratogen. A teratogen is a substance that interferes with the normal growth and development of the unborn baby. Specifically, alcohol is called a neurobehavioral teratogen because it can cause damage to the brain and can subsequently change behaviour. All other organs are also vulnerable to damage by alcohol. Damage to other organs can be diagnosed early and may be treated. Damage to the brain, however, is invisible and may not be obvious until later in the person's life. As such, the condition may go undiagnosed or be misdiagnosed. This can result in inappropriate reaction to behaviours. Instead of changing the environment and providing appropriate support, the behaviour may be punished.

Range or Spectrum of Disorders

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to a range of disabilities caused by alcohol consumption during pregnancy.

Fetal Alcohol Syndrome (FAS) describes a person with the full syndrome of identifying facial features, slow growth, and central nervous system damage:

- Facial features may include small eye openings, little or no groove between nose and upper lip, and flattened mid-face.
- Slow growth may include low birth weight, weight loss not due to poor nutrition, and low weight to height ratio.
- Central nervous system damage may include small head size at birth, structural abnormalities of the brain, poor fine motor skills, poor eye-hand coordination, poor gait when walking, and hearing loss not due to illness or injury.

Partial Fetal Alcohol Syndrome (pFAS) describes a person with some but not all of the facial features of FAS and one or more of the following:

- central nervous system abnormalities
- a pattern of behaviour or cognitive abnormalities that are not age appropriate and cannot be explained by heredity or environment alone
- growth delay.

Appendix 1: Teacher Background Information About FASD (continued)

Alcohol Related Neurodevelopmental Disorder (ARND) is the most common form of FASD and describes a person with no physical signs (invisible form) of FAS but with one or both of the following:

- central nervous system abnormalities
- a pattern of behavioural or cognitive impairments (e.g., difficulties with school performance; abstract thinking; impulse control; social skills; language and math skills; and/or problems with memory, attention, judgement).

Characteristics of People with FASD

The following may be observed:

- learning and memory difficulties
- language processing difficulties
- speech and language deficits
- behavioural problems
- poor comprehension of social rules and expectations
- short attention span
- impulsive behaviours
- coordination and motor skill deficits
- easily overwhelmed and over stimulated
- hyperactivity
- sensory, hearing, and vision deficits.

Risk Factors Involved in FASD

No one can predict which infants born to mothers who drink will be affected, nor can anyone predict how severe these effects will be. There is no safe time or safe amount of alcohol to drink during pregnancy. Stopping drinking at any time during the pregnancy will decrease the potential amount of damage to the developing fetus.

- **The time in the pregnancy at which alcohol is consumed**. Damage to the fetus can occur anytime during the pregnancy. Alcohol can affect whatever growth or development is taking place at the time of the mother's consumption. The unborn baby's brain develops throughout the pregnancy and is always vulnerable to alcohol.
- **The amount of alcohol consumed during the pregnancy**. There is significant risk of damage to the fetus as well as stillbirth and spontaneous abortion with "heavy" drinking. However, no one knows how much alcohol a pregnant woman can drink without hurting the baby. "Binge" drinking (four or five drinks for adults in a drinking episode) sharply raises the amount of alcohol in the blood and greatly increases the risk to the baby.
- **Individual susceptibility to alcohol**. Genetic factors determine the baby's ability to deal with the alcohol in its system and how quickly the alcohol in the baby's system can be broken down.
- **Nutrition**. Alcohol affects how the placenta transfers important nutrients necessary for fetal growth. Good nutrition for the fetus is important throughout the entire pregnancy.
- **Additional risks**. The damage to the baby because of prenatal alcohol exposure may be compounded if the mother has poor nutritional status, smokes, is in poor health, is under increased stress, and/or uses other drugs.

Prevention

Fetal Alcohol Spectrum Disorder is preventable by not drinking alcohol during pregnancy. If a woman is planning a pregnancy, she should decide to stop drinking before becoming pregnant. The safest decision a woman can make is to completely avoid beer, wine, and hard liquor during her pregnancy. It is important to remember that many people may need professional help in order to stop using alcohol, tobacco, and other drugs. Women who need assistance to stop drinking during pregnancy should be advised to consult with their doctors or should be directed to agencies that can assist them to stop drinking.

Adapted from *Fetal Alcohol Syndrome: A Resource for Professionals*, p.2; *Facts On Fetal Alcohol Spectrum Disorder* (2004) and *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators*, pp. 3.12-13.14, with permission.

Appendix 2: Discussion Guide (Decisions)

Dating involves decision making. Some decisions in our lives are entirely within our control, some are made in consultation with other people, and some are entirely out of our control. Consider the following questions and rate the degree of control you have over each situation.

Decisions **In your life, what decisions do you control?**	**no control 1**	**2**	**3**	**4**	**total control 5**
What high school you attend?					
Whether or not you attend school?					
Whether you join a school or community team or group?					
Whether you feel happy or sad today?					
How tall you are or will become?					
Whether you wear a seat belt?					
Who your friends are?					
What you will do tonight?					
If, when, and who you will date?					
In what place (city, farm, province) you live throughout Grade 9?					
Whether you continue with a friendship?					
Whether you have a sexual relationship with a certain person?					
Whether you consume alcohol?					
Whether you go to a party to which you are invited?					
If you will live to be 100 years old?					

Appendix 3: Media Violence and Relationships

Media Violence and Relationships

TV, radio, music videos, computer games, newspapers, and magazines can be powerful social influences.

- The average Canadian teen spends about 22.4 hours per week with some form of mass media.
- By the end of high school, most teens have witnessed 18 000 murders on screen.
- There are approximately 26 acts of violence per hour on children's shows, but only nine acts of violence on adult shows during prime time.
- Many popular video games are based on violence and players are rewarded for killing.
- Perpetrators of violent crime on television go unpunished in 74 percent of violent scenes.
- Twenty-five percent of violent television scenes involve handguns.
- Only four percent of television shows have anti-violence themes.

There are potential dangers in the amount of violence portrayed in the media. This violence has a number of potential effects on children and teens including the following:

- Children learn to be aggressive in new ways by watching violence on television.
- Seeing television characters get what they want by using violence teaches children to use violence to get what they want.
- The types of youth crimes are changing – more violent behaviour, more weapons, more gang-related behaviour – and some believe that increasing violence in the media is one factor contributing to this change.
- Children and teens may be less empathetic to the pain and suffering of others, particularly those who have been involved in violent crimes.
- Viewing repeated acts of violence can desensitize young people to violence and they may become more tolerant of acts of violence in school and the community.
- Teens are less likely to come to the aid of a victim if they have been desensitized through repeated exposure to violence.

(Sources: Alberta Teachers' Association, 1999; Bergman, 1996; Chidley, 1996; Mediascope, 1998; Office for the Prevention of Family Violence, Alberta Family and Social Services, 1995 (as cited in Alberta Education, 2002))

How does this affect our relationships with the people around us?

- If we have little or no empathy for someone who has been hurt, we may not offer help even if we are the only ones in sight.
- If we believe that violence is the solution to conflicts, we may choose to fight – physically or verbally – with siblings, parents, classmates, and dating partners – rather than look for nonviolent solutions.
- If we are play fighting with our friends and hurt them, we may say, "I was only joking" instead of apologizing.
- If we believe that violent acts usually go unpunished, we may choose violence to get what we want or to get revenge.

What can you do to keep a realistic view of violence?

- Be aware of the fact that violence on television is most often not realistic. Entertainment uses sensationalism, props and stunts, special effects, and graphic stories to increase ratings. Looking real is not the same as being real.
- When you see a violent incident, remind yourself that violence is not the only way adults choose to solve problems. Ask yourself how the character could have acted differently and used a nonviolent solution.
- When you watch the news, are the events portrayed realistically? How often does the news cover positive, nonviolent events? Be realistic about what you see.
- When you view violent events in the media, be aware of your own reaction. Do you feel horror, empathy or revulsion, or do you find yourself saying "hey, cool" or not reacting at all? If you do not experience negative reactions to violence, take another look at yourself.
- Take a good look at your own ways of resolving conflict. Are you using nonviolent ways to handle conflict?

Adapted with permission from Alberta Education, *Kindergarten to Grade 9 Health and Life Skills Guide to Implementation* (Edmonton, AB: Alberta Learning, 2002, pp. 496-498).

Every Teen Counts

February 1998

Teen Dating Violence

Until fairly recently many of us held stereotyped judgements about women who nagged their husbands or were passively provocative until their husbands reached the point of hitting. They were seen as being weak and even liking the violence. We didn't think it happened very often, nor did we think that it was very serious. If a woman could just learn to better respond to her husband's needs, it wouldn't happen at all.

Since the mid-1970's, the domestic violence movement has had a tremendous influence on public awareness. We now know that violence occurs in millions of homes in the United States, and that thirty percent of female homicide victims are killed by their husbands or boyfriends. We now have an image of the battered woman, White or Black or Latino or Asian, with blackened eyes, frightened children clinging to her skirt, trapped in a life of repeated vicious violence by fear, by financial dependence, by faithfulness to the permanence of marriage.

In the 1980's, as a part of their public education efforts, domestic violence programs all over the country addressed high school students. The presenters talked about domestic violence, hoping that young people would avoid violent marriages in the future and hoping that young people would speak out about their experiences as children of batterers and battered women. But we began to hear stories from teens in those high school classes that suddenly fit with other information we had about teens. The women who sought refuge in shelters often told stories of being battered by husbands who were once high school sweethearts. We hadn't put the face of a seventeen-year-old in the picture of these women's experiences of violence. It had not been in our picture of domestic violence that the blackened eyes could belong to a thirteen-year-old. It did not fit our understanding about what keeps women in battering relationships.

Teens are having fun, experimenting with new experiences, dating and breaking up and dating someone else. Could they be as tied to violent relationships as married women can be? We also talked to high school students about acquaintance rape, about the encounter with the popular guy on a first date who forced a girl to have sex. But we had not noticed the blackened eyes on the face of the fifteen-year-old who was raped over and over again for months or years after the first date. So, as we talked with young women in high schools and colleges, we were confronted with another unspeakable, hidden problem – again, as we had been when we confronted childhood sexual abuse and marital rape. We heard many stories of mind-twisting emotional abuse; stories of sexual coercion and sexual torture; stories of explosive jealousy and restrictive control by boyfriends that made the newly gained freedom of adolescence impossible; stories of severe injuries, murder.

The fact is that an estimated 28% of young people experience violence in a dating relationship, about the same rate as adult domestic violence. It happens in all communities, regardless of ethnicity or class, whether urban, suburban or rural. Its victims are as young as girls can be when they start dating. Lesbian and gay teens experience violence in intimate relationships at about the same rate as heterosexual teens do. It is not a new problem, but until recently, an unrecognized one.

Appendix 4: Safety While Dating (continued)

Safety Planning for Teens in Abusive Dating Relationships

The following are tips you might think about to increase your safety:

General Safety

- Stay in touch with your friends and make it a point to spend time with people other than your partner.
- Stay involved in activities that you enjoy. Do not stop doing things that you enjoy or that make you feel good about yourself.
- Make new friends. Increase your support network.
- Take a self-defense class.
- Consider looking into resources at your school or in the community. Think about joining a support group or calling a crisis line.

Safety at School

- Try not to be alone. Let your friends know what is happening and have them walk to classes and spend time during lunch with you.
- Tell teachers, counselors, coaches, or security guards about what is happening. Have them help you be safe.
- Change your routine. Do not always come to school the same way, or arrive at the same time. Always ride to school with someone. If you take the bus, try to have someone with you.
- Consider rearranging your class schedule.
- Always keep change with you so you can make phone calls.
- Consider applying for an order of protection.

Safety at Home

- Try not to be alone at home.
- Consider telling your parents or other family members about what is happening. They can help you screen telephone calls or visitors.
- Make a list of phone numbers. Included on this list should be emergency numbers like 911, as well as supportive friends who you can call when you are upset. Put the numbers of crisis lines on the list.
- If you are alone at home, make sure the doors are locked and the windows are secure.

Safety with Your Partner

- Try not to be alone with your partner, or to be alone in an isolated or deserted location. Go out to public places.
- Try to double date or to go out with a group of people.
- Let other people know what your plans are and where you will be.
- Try not to be dependent on your partner for a ride.
- Always keep change with you so you can make a phone call.
- Trust your instincts. If you feel you are in danger, call the police. Get help immediately. Do not minimize your fears.

Safety When Breaking Up With Your Partner

- Break up with your partner in a public place.
- Tell other people that you plan to break up with your partner. Let them know where you will be.
- Arrange to call a friend or a counselor after you talk with your partner so that you can debrief about what happened.

Appendix 4: Safety While Dating (continued)

Dating Bill of Rights

I have the right:

- to ask for a date
- to refuse a date
- to suggest activities
- to refuse any activity
- to have my own feelings and express them
- to have my values and rights respected
- to tell my partner when I need affection
- to refuse affection
- to have friends and space aside from my partner.

I have the responsibility:

- to determine my limits and values
- to respect the limits of others
- to communicate clearly and honestly
- to not violate the limits of others
- to ask for help when I need it
- to be considerate.

Dating Violence

Dating Violence is:

- A pattern of behavior used by an individual to maintain control over their dating partner.
- This control may take the form of physical, sexual, or verbal abuse.
- Dating violence is not about getting angry or having a disagreement – in an abusive dating relationship one partner is afraid of and intimidated by the other.

What is the legal definition of domestic violence or dating violence?

- Physical harm, bodily injury or assault, infliction of fear, of imminent physical harm or sexual assault.

How often does it happen?

- 28% of teen relationships involve violence.
- 24% of female homicide victims are between 15 and 24 years old.
- 70% of severe injuries and deaths occur when the victim is trying to leave or has already left the relationship.
- 38% of date rape victims are young women between the ages of 14 and 17.
- 70% of pregnant teenagers are abused by their partner.

Who is involved?

- Dating violence occurs between two people who are currently or formerly involved in a dating relationship.
- The abuse can begin at a very young age, as young as 11 or 12 years old.
- Friends of the couple are usually aware of the abuse and may be drawn into the situation.
- There is not one type of person who gets involved in an abusive relationship; all young people can be at risk.

Where can it happen?

- Dating violence can occur at school – in the hall, classroom, parking lot, bus, after-school activities, a student's workplace, a school dance, or a student's home.
- In teenage dating relationships, the abuse is often public with peers witnessing the abuse; however, the abuse can also be done in private.

Appendix 4: Safety While Dating (continued)

What does it look like?

- Jealousy and possessiveness.
- Name-calling, put downs, humiliation, threats, stalking, rumours, or intimidation.
- Pushing, shoving, slapping, hitting, throwing objects, or using weapons.
- Unwanted sexual touch, forced sex, or refusal to use birth control.

Myths About Dating Violence

Abuse in teen relationships is not that common or serious.
Surveys show that violence is experienced in 28% of teen relationships. It is not just an adult problem. Both adults and teens have to be more aware of teens' experiences.

Girls like the abuse or else they would not put up with it.
Girls stay in abusive relationships for many reasons. For adolescent girls, there is a rigidity in conforming to female gender role expectations, specifically the expectation that her status depends on her attachment to a male.

Violence only happens between people who are poor or members of a minority.
Abusive relationships occur among all classes, races, and cultural groups. An abusive relationship can happen to anyone.

10 Things to Do (to Avoid or Deal with Violence)

1. Since much of violence is learned, it can be unlearned.
2. Violence is preventable; it is not inevitable.
3. The seeds for adult interpersonal violence are planted while young.
4. Sexism, racism, and other socially sanctioned forms of violence affect interpersonal relationships.
5. Teenage relationships must be taken seriously.
6. Male teenagers must be educated about their aggressive impulses, but not by being seen as the "enemy".
7. Empowerment lies in moving through victimization, not being stuck in it.
8. Young people are capable of taking responsibility for creating violence-free relationships and environments.
9. Media influences attitudes and behaviour and contributes to the desensitization to violence.
10. Participating in violence-prevention training at school cannot end violence on its own. Communities and families have to work together, with support from our institutions, to provide a positive future for our young people.

Originally from *LACAAW In Touch with Teens, a Relationship Violence Prevention Curriculum.* Reprinted with permission.

Appendix 5: Information Page – Quick Facts About Alcohol

What are alcoholic drinks?

- Beers (lager, ale, and stout)
- Wines (white, red, and sparkling wines like champagne) and fortified wines (sherry, port, vermouth)
- Coolers and ciders
- Spirits (e.g., whisky, gin, vodka, brandy, rum) and liqueurs
- A glass of wine, a bottle of beer, and a glass of spirits or liqueur all contain about the same amount of alcohol.

How is it made?

- Alcohol is a clear, white chemical called ethyl alcohol or ethanol. It is made from fruits, vegetables, or grains using a process of fermentation and distillation.
- Beer is made from hops or barley. Yeast is added for fermentation.

How does alcohol affect the body?

- It makes the heart beat faster, speeding up the rate that blood travels through the body.
- The liver breaks down the alcohol and gets rid of it and other toxins from the body. But this takes time. It takes the liver about an hour to cope with one drink. Alcohol may damage both the stomach and the liver.
- It takes only seconds for alcohol to reach the brain. Alcohol affects people differently. Generally speaking, alcohol causes fuzzy thinking, slurred speech, difficulty with making rational decisions, and behaviour that may be unusual. For example, a calm, reasonable person might want to fight after a few drinks. Alcohol also kills brain cells and can interfere with its development during childhood and adolescence.
- It is addictive. For adults, it usually takes a long time and a lot of drinking to reach that stage. But for young people, because their bodies are still developing, addiction can happen much more quickly.

What are my choices?

- You can choose not to drink. About 25% of adults do not drink. The majority of the other 75% do so in moderation. Many young people choose not to drink.
- You can decide what is right for you. You can choose what, where, when, and how much you will or will not drink.

How can an adult drink alcohol responsibly?

- Always have food with alcohol. Food causes the alcohol to be absorbed into the body more slowly.
- Have juice, water, or a soft drink before or after an alcoholic drink.
- Do not mix drinks (e.g., a glass of wine and then a drink of rum).
- Do not mix alcohol with prescription drugs or other drugs. Alcohol and other drugs together can interact with each other and have very different or more intense reactions in your body.
- Drink only on certain occasions and not regularly. "Needing" a drink is dangerous.
- Have only one or two alcoholic beverages on any given occasion. Avoid "binge" drinking (i.e., for adults four or more drinks on one occasion, for youth fewer than that).
- Plan how much you are going to drink and stick with your plan.
- Do not pressure others into having drinks and do not let others pressure you.
- Never drink and drive or ride with a driver who has been drinking.

How about drinking when you are pregnant?

- Whatever the mother eats or drinks, the fetus consumes as well.
- It takes the fetus about nine months to grow and develop. Alcohol can interfere with this development causing problems with the brain, heart, liver, and physical features of the unborn child.
- Drinking during pregnancy can cause fetal alcohol spectrum disorder (FASD), which is a lifelong disability that cannot be cured.
- No one knows if there is a safe amount or a safe time to drink while pregnant. The best rule is: If you are pregnant, do not drink. If you drink, do not get pregnant.
- An alcohol-free pregnancy is not only the pregnant woman's responsibility. Men and women in her family or circle of friends and especially her partner have a responsibility to support her and refrain from drinking alcohol along with her.

Appendix 6: Some Frequently Asked Q/A About FASD

What is Fetal Alcohol Spectrum Disorder (FASD)?
This is an umbrella term identifying a range or spectrum of disabilities that a child can be born with because his/her mother consumed alcohol during pregnancy. (Note that ANY of the characteristics associated with FASD may also be present in people who do not have FASD.)

How does the mother drinking alcohol affect the fetus?
Alcohol is a teratogen, a substance that can damage any cells that are growing and developing. During the nine months that the fetus develops, its nourishment, which makes the fetus grow and develop, comes from its mother. Whatever the mother consumes, the fetus consumes. When the mother drinks, the alcohol goes directly into her blood stream. Her blood feeds the placenta, which feeds the unborn child. Within minutes after having the drink, the blood/alcohol level will be the same in the fetus as it is in the mother.

What are some of the disabilities?
FASD may affect a person's:

- Physical features. For example, a person affected by FASD may be small, have a small head, small eye openings, a flat face or a thin upper lip. (Note that these characteristics may also be present in people who do not have FASD.)
- Brain. Alcohol can interfere with the development of the brain and the central nervous system. For example, a person affected by FASD may find learning difficult and may have problems with memory, abstract thinking, and/or making judgements.
- Health. For example, a person affected by FASD can have an abnormal heart or skeleton and may have kidneys, eyes, or ears that do not function properly. That person may also have poor coordination.
- Behaviour. For example, a person affected by FASD can have trouble controlling impulses or responding appropriately in various social situations.

What are the long-term effects of FASD?

- Children born with FASD may go undiagnosed or may be misdiagnosed. Fetal Alcohol Spectrum Disorders are often invisible and therefore very hard to diagnose. (Keep in mind that pregnant women may have been unaware of the dangers of drinking, may have been unaware of the pregnancy, may have had addiction problems, or may not have had support while pregnant. Few people will intentionally hurt their unborn children.)
- People affected by FASD may have trouble at school. They may be intelligent and knowledgeable but have difficulty with things like following complex instructions or remembering facts. Because of behaviour problems, they may not "fit in", may be suspended, and may drop out.
- Some people affected by FASD, because of poor judgement and difficulty controlling impulses, are unable to live with their families and some get into trouble with the law.
- Children whose families and teachers understand FASD and take the time to work with children, giving them the necessary help and support, grow up with better skills to cope with their disabilities.

Can FASD be cured?
No. FASD is a lifelong disability. Although a person diagnosed with FASD can, with the right kind of support, learn to live a normal life, it is a long and hard road.

Can FASD be prevented?
Yes. But because alcohol is widely used and a legal drug of choice for adults, 100% prevention of FASD will be difficult to achieve. Perhaps the best we can do is to make sure everyone knows about FASD and how to prevent it. There are two ways to prevent FASD:

- If you are pregnant or planning to get pregnant, do not drink alcohol.
- If you drink, do not get pregnant. (There is no safe amount of alcohol use during pregnancy.)

What is known about FASD?

- About one out of every 100 babies born in Canada suffers from the effects of prenatal alcohol exposure. This number is an estimate. There may be many people affected by FASD who have not been diagnosed.
- FASD occurs throughout the world in all socioeconomic and ethnic groups.
- There is no safe time during the pregnancy to drink alcohol.

Appendix 6: Some Frequently Asked Q/A About FASD (continued)

- There are no known safe amounts of alcohol to take during pregnancy. However, regular and binge drinking (i.e., four or five drinks on one occasion for an adult, fewer for youth), are both considered to be higher risk factors.
- Drinking alcohol along with poor nutrition, smoking, or other drug use increases the risk of damage to the fetus.

Appendix 7: My Personal Standards

On social activities with friends:

My standard now is …

My standard in the future may be …

On dating:

My standard now is …

My standard in the future may be …

On sexual relationships:

My standard now is …

My standard in the future may be …

On preventing STIs and HIV:

My standard now is …

My standard in the future may be …

On drinking alcohol or using drugs while on a date or with friends:

My standard now is …

My standard in the future may be …

On preventing FASD:

My standard now is …

My standard in the future may be …

Appendix 8: "Promote Health" Scenarios

The following are examples of scenarios involving dating and alcohol. Your group may choose one scenario or create your own. Discuss the various options the people have in each scenario and some "promote health" strategies. Create and assign characters for the role play. Decide cooperatively the kinds of things each character might say and how s/he might act. Present your role play to the class or another group.

Joan's older sister confided in Joan that she might be pregnant. Joan notices, though, that her sister and her new partner both continue to drink frequently while they watch television. Joan gets along well with them both and wonders whether she should say something.

- What would you do if you were in Joan's situation?

In Sam's community, it seems to be a weekend tradition for teens to have bush parties on a deserted farm yard. The parties are billed as wiener roasts for unsuspecting parents but the parties also involve plenty of alcoholic beverages. Sometimes various drugs are available as well. Sam and his friends are finally old enough to join in on the "fun". He and his friends have mixed feelings about attending.

- What are Sam and his friends' options?
- What option should they choose? Why?
- If they choose not to go, what might they do instead? Should they do something about the parties?

In Mikale's community, parents oppose the distribution of information about birth control and promote abstinence as the only alternative for dating teens. Most of Mikale's classmates are not sexually active and generally agree with their parents' approach. Some, however, are sexually active without their parents' knowledge and would like relevant information.

- What can those teens do about it?

In the community where Anya lives, the daily newspaper has been publishing articles about the risks of drug and alcohol use by teens. She knows that people her age do not usually read the newspaper. However, she and her classmates believe that the information is important for her peers to know.

- How can she and her classmates help share information?

In Ben's community, there is a culture of alcohol use. Many of the people are alcoholics. Most teens had their first drink when they were children. Ben and his classmates have all seen violence, illness, and even untimely deaths. They would like to get their community declared "dry."

- What can Ben and his classmates do?

A number of agencies are lobbying the government to ban the advertising of alcoholic beverages at events and programs that are designed to attract youth.

- If successful, how do you think this might affect you and your friends?
- What are the pros and cons of limiting this type of advertising?
- Is this something that you and your classmates might promote?

Appendix 9: Resources

Print

Bagdasarian, Adam. (2002). *First French Kiss and Other Traumas* (1st ed.). New York, NY: Farrar, Straus, & Giroux (HCP).
In this humourous and poignant novel, the author's reminiscences range from disastrous encounters with girls to heartwarming moments with his father. Readers will commiserate as they identify with the agony of puberty.

Websites

Canadian Centre on Substance Abuse: http://www.ccsa.ca
Select Language and then Topics. This site offers various articles on FASD and other substance abuse issues.

FASD Connections: http://www.fasdconnections.ca/
This site has a wide range of material about FASD, from journal articles to stories and poems written by people directly affected by FASD.

Ministry of Ontario Government: http://www.cbs.gov.on.ca
A link for a poster for printing warning of alcohol use during pregnancy: http://www.orhma.com

Public Health Agency of Canada: http://www.phac-aspc.gc.ca/fasd-etcaf/index.html
This site offers information about FASD and other health issues.

Human Resources

Health Help Line: 1-877-800-0002

Kids Help Phone Line (24 hours): 1-800-668-6868

Motherisk Alcohol and Substance Use Helpline: 1-877-327-4636
Website: http://www.motherisk.org/alcohol/index.php#one. Information about safe pregnancies.

Speakers Bureau: The Saskatchewan Prevention Institute in partnership with the FASD Support Network of Saskatchewan has speakers available around the province. To arrange for a speaker, please call the FASD Educator at 306-655-4077 (Saskatoon). A payment of honorarium/travel expenses is encouraged but is not required, in most cases.

Teacher/Parent Resources

Alberta Government on FASD: http://www.education.gov.ab.ca/fasd/
This site provides access to resources on teaching for prevention of FASD and teaching students affected by FASD.

Alberta Alcohol and Drug Abuse Commission (AADAC): http://corp.aadac.com
This site offers information about drugs and alcohol and has an interactive component for students.

FASD Support Network of Saskatchewan: http://www.skfasnetwork.ca
This website/agency is especially appropriate for parents/caregivers of children affected by FASD.

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators. (2004). Regina, SK: Saskatchewan Learning.
The resource may be located at: http://www.learning.gov.sk.ca/branches/curr/special_ed/docs/misc/fasd2004.pdf and was also mailed to all schools.

Saskatchewan Prevention Institute: http://www.preventioninstitute.sk.ca
This site and agency offers information about FASD. Selected materials may be borrowed.

Students Like Me: Teaching Children with Fetal Alcohol Syndrome [Video]. (2000). Vida Health Communications (CLC). 30 min.
Video provides practical strategies for teachers to use in the classroom to support students with FASD. These adaptations can eliminate frustration for both the student and the teacher as student needs and concerns are addressed.

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Saskatchewan Prevention Institute. (2004). *Facts on Fetal Alcohol Spectrum Disorder*, (fact sheet). Saskatoon, SK: Author.

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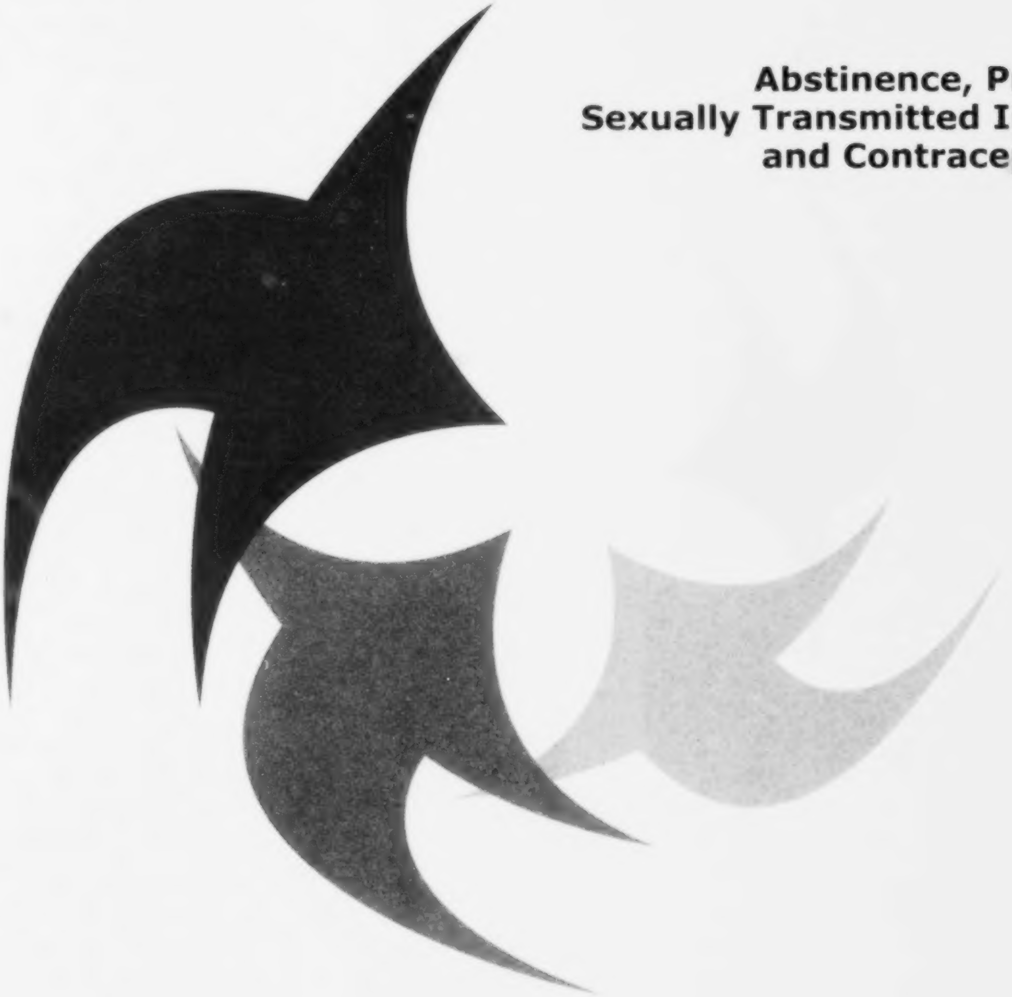
Grade Nine Addendum

A Learning Resource to Strengthen
Fetal Alcohol Spectrum Disorder Awareness

Abstinence, Pregnancy, Sexually Transmitted Infections, and Contraception Unit



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2007

Abstinence, Sexually Transmitted Infections (STIs), Pregnancy, and Contraception Unit: A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder (FASD) Awareness

Grade 9 Addendum

F. Y. I.

There are now two sample units for Grade 9 that include knowledge and skills related to FASD – the unit named above and the Grade 9 Dating sample unit. Because each unit has different learning objectives, it is appropriate to teach about FASD prevention in both units. In which unit (or both) FASD receives major emphasis, however, is up to the teacher. Note that the appendix of the Dating unit has a number of information pages and lists of resources about FASD. It may be appropriate to use those resources in the required Dating unit as well as this optional unit.

Note also that this addendum is designed to complement the portion of Level A found on pages 18 and 19 of the Grade 9 sample unit Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception which was sent to each school in the 2005/2006 school year. Additional copies may be obtained from the Saskatchewan Prevention Institute at: http://prevent.sasktelwebhosting.com/Temp%20Files/Grade%209%20Health%20Unit.pdf.

Overview of Fetal Alcohol Spectrum Disorder (FASD) Prevention Education in Health Education Grades 7-9 and Life Transitions 20

	Grade 7	Grade 8	Grade 9	Life Transitions 20
Sample Unit	**Alcohol and Other Drugs Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Decision-making Process Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Dating and Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception**	**Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention**
Wellness Perspectives	**Commit Self**	**Support Peers**	**Promote Health**	**Manage Change**
Content	• what FASD is • how FASD occurs • how FASD can be prevented	• review of what FASD is, how it occurs, and how it can be prevented • communication strategies to support peers	• review of what FASD is, how it occurs, and how it can be prevented • effects of FASD on the family and community • communication strategies to promote health	• review of what FASD is, how it occurs, how it can be prevented, and its effect on the family and community • strategies for managing the changes needed to prevent FASD
Process	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise decision-making skills to commit self	• use criteria for selecting resources • access and gather information • evaluate sources of information and the information itself • practise strategies to support peers	• practise sound research skills • practise leadership skills and health promotion strategies • promote community supports and services related to the prevention of FASD	• practise sound research skills • study sexuality issues, human reproduction, and pregnancy options • reflect on personal strategies for managing change within the context of FASD prevention
Suggested Activities	• experiments • commit self scenarios • consequence wheel	• imaging activity • support peers scenarios	• interviews • promote health scenarios	• lifeline • project (display, debate)
Suggested Resources	• appendices – information about FASD, alcohol, other drugs; experiments and consequence wheel guidelines; scenarios; letter/Midori • books about alcohol, drugs, FASD; websites; human resources • video – *Don't Drain your Brain: How Alcohol Damages the Brain*	• appendices – FASD information, T/F page, imaging, scenarios, sample action plan • books about supporting peers, FASD; websites; human resources • videos – *FAS: When the Children Grow Up* and *With Child, Without Alcohol* (selected segments)	• appendices – FASD information, information about alcohol and dating issues, personal standards, scenarios • books about dating; websites; human resources	• appendices – information about FASD and testing newborns for alcohol exposure • books, websites, human resources • videos – *FAS Forward: A Fresh Look at Fetal Alcohol Syndrome; With Child, Without Alcohol* (selected segments) and *The Final Score: Winning Against FAS*

Decision-making Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will understand the effects of alcohol and other drugs on the developing fetus (e.g., Fetal Alcohol Spectrum Disorder [FASD]).

Students will seek information from people who are knowledgeable about sexual health issues (e.g., public health nurse, parent, doctor, teacher) (IL).

Students will consciously evaluate what is being read, heard, and viewed (CCT).

Instructional Strategies/Methods | **Teaching Notes**

Interactive Instruction: discussion

Review with students the interviews concerning the effects of drugs and alcohol on the fetus conducted in Level A of this unit (Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception, p. 18 of the sample unit provided to schools in the 2005/2006 school year). Divide students into groups of three and have them think of and share the key messages learned. Ask each group to create a single list of three messages on chart paper and to post the chart paper on the wall. Allow time for students to notice similarities and differences among the lists.

As well, invite students to ask further questions about FASD. Perhaps there are gaps in the information gathered or more detail is required.

Experiential Learning: simulation activity

To help students understand some of the challenges that people affected with FASD or other disabilities face on a daily basis, have students do an exercise similar to the following. Allow only a few seconds for each activity:

- Students have pens and a piece of scrap paper on their desks.
- Ask students to cover one of their eyes with their dominant hands (e.g., right if they are right handed).
- With the other hand, have students write their names, addresses, and telephone numbers as clearly as possible.
- Ask students to write the names of three friends.
- Ask them to write two things they did yesterday.
- Say, "Time's up".

Discuss how and why this simulation was challenging. Point out that people with disabilities may often experience similar frustrations many times every day. Discuss:

- If you were constantly faced with time limits that did not allow you to do your best, how would your school work fare? How would you feel about yourself?
- If your body or brain did not always work the way people expect it to, how would your school work fare? How would you feel about yourself?

Interactive Instruction: cooperative groups

The teacher may choose to provide students with information about FASD or have the students do their own research using current news articles, human resources, and websites (see Appendix 4 of this addendum).

Divide the class into small groups. Distribute copies of the Fetal Development Chart (see http://www.babycenter.com/general/pregnancy/1290794.html), copies of Appendices 1 and 2, and any other relevant information for students to consult in order to understand the frustration that delayed development may cause for youth with (FASD).

Instructional Strategies/Methods	Teaching Notes

Instructional Strategies/Methods

Teaching Notes

If necessary, provide additional questions to ensure that students understand key points about FASD such as:

- Is there a safe amount of alcohol to drink during pregnancy? (No.)
- Is there a safe time during the pregnancy to consume alcohol? (No.)
- Is FASD preventable? (Yes.)
- Is there a cure for FASD? (No.)
- Does a person outgrow FASD? (No, it lasts a lifetime.)
- How can a pregnant woman's partner, friends, family, and community help her in her decision not to drink alcohol? (By not drinking along with her.) What challenges does a person with FASD face? (e.g., difficulty with memory and understanding consequences, being misdiagnosed, and the disorder not being taken seriously)
- What kind of support could friends, family, and the community offer people living with FASD? (e.g., being patient, being watchful in vulnerable circumstances, being their friend, helping them understand the disorder, and encouraging them in their efforts)

An important note regarding FASD websites: Some websites may claim that there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies assessments for symptoms were done only with newborn babies. The researchers may not have realized at the time that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways. It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?

Ask students to share what they learned.

Experiential Learning: role plays

Distribute copies of Appendix 3: "Promote Health" Scenarios to each group of students. Ask them to choose one scenario, discuss it, and prepare to role play various options. Students may be given class time to rehearse their role plays or it may be a homework assignment with the role plays to be presented to the class on another day.

Independent Learning: reflective journal writing

Following the role plays, have students write in their journals, reflecting on how students can promote health by helping prevent FASD or giving support to people affected by FASD. Students may use the following examples for starter statements:

- If/When my partner or I am pregnant, I can …
- For others in my community (or family) to be more aware of the dangers of drinking alcohol when pregnant, I can …
- My family needs to know more about FASD. I can …
- … is affected by FASD. I can …

Students may or may not wish to share their journal entries.

Instructional Strategies/Methods

Teaching Notes

Teacher note: If these lessons are used in the Grade 9 Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception sample unit, the action plans in Level C may "promote health" within the context of FASD prevention. For example, students may further refine the suggested journal statements listed above into their personal challenges and then into a specific goal statement.

Student Assessment Techniques

To assess how effectively students participated in role plays, students and/or the teacher may use the template on page 58 of *Health Education: A Curriculum Guide for the Middle Level (Grades 6-9)*, 1998. The teacher may use a checklist to indicate students' participation in the other activities. See Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception, page 19 of the sample unit, for other assessment suggestions.

Student Evaluation Techniques

The teacher may assign a grade or mark to indicate the extent to which the objectives were met.

Appendices for Grade 9 – Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception: Fetal Alcohol Spectrum Disorder (FASD) Awareness

Appendix 1: Surgeon General's Warning
Appendix 2: News Article About FASD
Appendix 3: "Promote Health" Scenarios
Appendix 4: Resources

Appendix 1: Surgeon General's Warning

Surgeon General Updates Warning About Alcohol Use During Pregnancy

U.S. Surgeon General Richard Carmona recently advised pregnant women and women who may become pregnant to abstain from drinking alcohol to eliminate the chance of giving birth to a baby with Fetal Alcohol Spectrum Disorders (FASD) – the collection of birth defects caused by prenatal alcohol exposure.

FASD may range from mild or subtle birth defects, such as slight learning disabilities, to full Fetal Alcohol Syndrome, which includes severe learning problems, growth deficiencies, abnormal facial features, and central nervous system impairment. The advisory updates a 1981 advisory suggesting that pregnant women limit the amount of alcohol they drink. The new advisory is based on current research, and states:

1. A pregnant woman should not drink alcohol during pregnancy.

2. A pregnant woman who already has consumed alcohol during her pregnancy should stop in order to minimize further risk.

3. A woman who is considering becoming pregnant should abstain from alcohol.

4. Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.

5. Health professionals should routinely inquire about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

"We must prevent all injury and illness that is preventable in society, and alcohol-related birth defects are completely preventable," Dr. Carmona said.

Visit http://www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html to read the full advisory.

From the National Institute on Alcohol, Abuse and Alcoholism (NIAAA) Newsletter Spring 2005, Number 6, with permission.
Website: http://www.niaaa.nih.gov/publications/Newsletter/spring2005/Newsletter_Number6-text.htm#warning

Appendix 2: News Article About FASD

International Day of Awareness: Uphill struggle for those who suffer from FASD

By Pamela Cowan
Leader-Post, September 10, 2005

More support is needed for Reginans with Fetal Alcohol Spectrum Disorder (FASD), says a consultant.

Speaking Friday morning at International Fetal Alcohol Spectrum Disorders Awareness Day, Lisa Brownstone described a FASD Housing Feasibility Study that she started April 2004 and completed March 2005.

"People with FASD in our community are living very difficult lives," Brownstone said. "In terms of the 14 people that were involved in the study, they move an average of 3.2 times a year and two of them were absolutely homeless at the time of the study."

Funded by the National Homelessness Initiative, the study found that 86 per cent were parents, but only 21 per cent had their children living with them.

"Most of them had not even completed Grade 9, 86 per cent were unemployed, only seven per cent were involved in longterm relationships and all the women had been battered and had spent time in battered women's shelters," Brownstone said.

FASD, an irreversible disorder that is preventable if a mother doesn't drink alcohol during pregnancy, causes lifelong disabilities that affect physical, cognitive, social and behavioural development. Since 80 per cent of individuals with FASD have difficulty living independently, they require long-term support including job coaches and housing.

"They need supports that are long term and very accessible and those supports are currently not very available in our community," Brownstone said.

Jessica Nixon was diagnosed with FASD when she was four. She's proud she didn't drink during her two pregnancies and urges all expectant mothers to avoid alcohol.

Since accessing community supports such as the Circle Project and the Kids-First Program, the 24-year-old mother of two children now has a stable home environment.

"I've been able to practise my parenting skills and now have my children back in my care," she said. "I am very proud of that."

At the event organized by the Regina FASD Community Network, Nixon made an impassioned plea: "If you meet someone with this disorder, please have patience when working with them and do not judge them for what they can't do, but recognize what they can do."

Prior to working as an FASD educator with Ehrlo Community Services, Tricia Racette taught Nixon at Circle Project. She attributes Nixon's success to her adopted family's initiative in finding supports for her once she was diagnosed.

"Early diagnosis is important so the family can start bringing in the support that will help the child become as successful as they can be," Racette said. "Without those supports in place, families are going to struggle, children are going to struggle, and the cycle goes on and on."

From the *Leader-Post* with permission.

Appendix 3: "Promote Health" Scenarios

The following scenarios address FASD prevention. Discuss the scenarios with your group and choose one of them or make up your own. Your group may role play various options that the people have, choose the best option, and give reasons for your choice.

Glenna and her classmates made some posters to put up in the local bar. The posters warn patrons of the dangers of drinking while pregnant. The bar manager refused to put them up.

- What can Glenna and her classmates do?

Kelly lives in a community where alcoholism and other addictions are quite prevalent among both young and older people. Pregnancies do not seem to slow down the drinking.

- What can Kelly and his classmates do about it?

In the city where Tamika lives, the daily newspaper has been publishing articles about FASD. She knows that many of the young couples cannot afford to subscribe to the paper and people her age seldom read it.

- How can she and her classmates promote/disseminate the message?

Lin's mom is pregnant. Lin talked to her mom about what she learned about FASD. Her mom said to mind her own business. Lin is thinking about talking to her mom's partner but does not know how to avoid the same response.

- How should Lin approach this topic?
- What should Lin say or do? Is there a way Lin can make it seem like their idea?

A number of agencies are lobbying the government to make it mandatory to include FASD warning labels on all bottles of beer, wine, and liquor. Production companies, however, are fighting against any such legislation.

- What do you think the pros and cons are of warning labels?
- Would it be an effective way to prevent FASD? Why or why not?
- Your group may wish to present an "opposing viewpoints" role play.

Students Against Drinking and Driving (SADD) has been a very successful program in the school where Earl attends. He and his classmates are thinking about starting a similar program to prevent FASD.

- How might they begin?
- How could they get others involved?

Tom says that FASD is a woman's issue. It has nothing to do with him.

- What might you say to Tom?
- What responsibilities does a male have for a safe pregnancy and a child's healthy development?

Shana is popular and outgoing. She has lots of friends. She also has FASD. Because you have known her for some time, you know that she sometimes has difficulty making responsible decisions. One night at a party, you notice two tall, good-looking fellows you have never seen before. You watch them as they charm their way from one girl to another. You wonder if they are johns looking for potential prostitutes. You see one of them approaching Shana. You know she is vulnerable.

- What might you do or say to make sure that Shana is not recruited?

Appendix 4: Resources

Websites

Alberta Children's Services: http://www.child.gov.ab.ca/whatwedo/fas/page.cfm?pg=index
This site has information and an interactive "test your knowledge" component.

Baby Center: http://www.babycenter.com/?h=true
This site has information and is interactive.

FASD Connections: http://www.fasdconnections.ca/
This site has a wide range of material about FASD, from journal articles to stories and poems written by people directly affected by FASD.

Public Health Agency of Canada: http://www.phac-aspc.gc.ca/fasd-etcaf/index.html
This site offers information about FASD and other health issues.

Agencies and Human Resources

Health Help Line: 1-877-800-0002

Kids Help Phone Line (24 hours): 1-800-668-6868

Motherisk Alcohol and Substance Use Helpline: 1-877-327-4636
Website: http://www.motherisk.org/woman/alcohol.jsp.

Speakers Bureau: The Saskatchewan Prevention Institute in partnership with the FASD Support Network of Saskatchewan has speakers available around the province. To arrange for a speaker, please call the FASD Educator at 306-655-4077 (Saskatoon). A payment of honorarium/travel expenses is encouraged but is not required, in most cases.

Teacher/Parent Resources

Alberta Government on FASD: http://www.education.gov.ab.ca/fasd/
This site provides access to resources on teaching for prevention of FASD and teaching students affected by FASD.

Canadian Centre on Substance Abuse: http://www.ccsa.ca
Select Language and then Topics. This site offers various articles on FASD.

FASD Support Network of Saskatchewan: http://www.skfasnetwork.ca
This site/agency is especially appropriate for parents/caregivers of children affected by FASD.

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators, 2004, Regina, SK: Saskatchewan Learning.
The resource may be located at: http://www.learning.gov.sk.ca/branches/curr/special_ed/docs/misc/fasd2004.pdf and was also mailed to all schools.

Students Like Me: Teaching Children with Fetal Alcohol Syndrome. [Video]. (2000). Vida Health Communications (CLC), 30 min. Video provides practical strategies for teachers to use in the classroom to support students with FASD. These adaptations can eliminate frustration for both the student and the teacher as student needs and concerns are addressed.

References

Cowan, Pamela. "International Day of Awareness: Uphill struggle for those who suffer from FASD." *Leader-Post*. Sept. 10, 2005, p. A8.

"Surgeon General Updates Warning About Alcohol Use During Pregnancy". (2005). *National Institute on Alcohol, Abuse and Alcoholism (NIAAA) Newsletter*, (6). Available at: http://www.niaaa.nih.gov/publications/Newsletter/spring2005/Newsletter_Number6-text.htm#warning

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Life Transitions 20

A Learning Resource to Strengthen
Fetal Alcohol Spectrum Disorder Awareness

Module 9: Human Sexuality

Saskatchewan Learning

Saskatchewan Health

SASKATCHEWAN LIQUOR AND GAMING AUTHORITY

2007

Life Transitions 20
Module 9: Human Sexuality:
A Learning Resource to Strengthen Fetal Alcohol Spectrum Disorder (FASD) Awareness

F.Y.I.

This Life Transitions sample module reviews the many aspects of human sexuality, respectful of personal standards and family beliefs, with an emphasis on the prevention of FASD. The information is presented in a manner that will enhance students' self-esteem, increase their awareness of the risks associated with drinking while pregnant, and encourage students to practise effective decision-making skills.

As in the other modules of Life Transitions 20 and 30, students evaluate sources of information in order to gather current and accurate information upon which to base informed decisions. In addition to practising their decision-making skills, students design step-by-step action plans aimed at meeting goals related to healthy sexuality. By carrying out their action plans on a day-to-day basis, students acquire and practise the skills of taking responsibility for their sexual behaviour.

This module, like all others in Life Transitions, is designed to assist students as they progress from adolescence to adulthood and from dependence to independence. Therefore, students have an opportunity to move beyond simply acquiring information and making choices. Students will make personal decisions and acquire the skills needed to out decisions in ways that reflect sexual responsibility for self, partner, an unborn child, and society.

Abstinence, as it relates to sexual activity as well as to alcohol and other drugs, is the healthiest choice for teens. Making responsible decisions and maintaining an abstinent lifestyle are compatible concepts for high school youth. Abstinence is also compatible with students gaining information and developing skills necessary to make healthy decisions in the future.

The teacher may want to present this module prior to the Community Issues and Ethics Module. The reason for this is that students, during this Human Sexuality Module, might express interest in learning more about issues related to reproductive technology, genetic engineering, midwifery, and FASD. Students can delve further into such topics in the Community Issues and Ethics Module.

Teacher Background Information

Fetal Alcohol Spectrum Disorder (FASD)

Teachers must be sensitive to the fact that there may be students in the class affected by FASD – diagnosed or undiagnosed. Please see Appendix 2 of this sample module for background information about FASD and Appendix 6 for a list of resources that provide further information and may help teachers to support students affected by this disability.

Classroom Climate

Throughout this module, students are encouraged to reflect on their personal standards and to clarify where they stand on sexuality issues. To do this, students need a trusting and supportive environment.

A safe and supportive classroom climate is based on mutual respect. It is a climate that:
- encourages students to express their opinions and concerns
- assures students that all opinions are honoured
- encourages all students to participate in their own way
- builds trusting student-student relationships and trusting student-teacher relationships
- assures each student of teacher support
- allows individual students the right to "pass" on offering an opinion or comment in a setting such as a discussion or circle of knowledge where they feel the topic is sensitive.

Sexuality Education Policies

Before teaching this module, approval of the school division board must be obtained. Parents may withdraw their son or daughter by informing the school of their intention to do so.

It is wise for a teacher to check the school division's policy regarding sexuality education. If the school division has a policy in place stating that sexuality education will be, or can be, a part of Grades 1-9 Health Education and Life Transitions 20 and 30, then it is acceptable to include the Human Sexuality (FASD) module as part of the Life Transitions 20 course.

A sample letter to parents or guardians may be found on page 225 of *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level* (1996). The provincial curriculum is available on the Saskatchewan Learning website at: http://www.learning. gov.sk.ca/docs/life/index.html.

Dealing with Sensitive Issues

Saskatchewan Learning recommends that the principal and teacher(s) invite parents of Life Transitions students to a Health Education/Wellness Liaison Committee meeting early in the school semester or year. It is important that parents are informed of the objectives, context, and resources that will be incorporated in this module. The agenda for the information evening could be similar to the sample below.

Agenda

An overview of the provincial Life Transitions 20, 30 curriculum:
- rationale, philosophy
- content (required modules, optional modules)
- process (in each module, students learn through the process of accessing and evaluating multiple sources of information, considering the alternatives and consequences when making a decision, designing and carrying out an action plan to meet a personal goal).

A presentation of Life Transitions 20 and/or 30 at your school:
- content (outline of the required modules and the selected optional modules)
- process (outline of the Planning Process used in teaching, learning, and evaluating)
- instructional strategies as related to process
- student assessment and evaluation as related to process
- questions.

A presentation of the Human Sexuality module:
- content
- parents' right to "opt out" or withdraw their daughter/son.

Resources

See Appendix 6 for a list of recommended resources.

Module 9: Human Sexuality A Learning Resource to Strengthen (FASD) Awareness

Time Frame

Approximately 10 hours of instruction will be required for this module. The number of lessons will vary according to the time available for each lesson.

Foundational Objectives and Learning Objectives

Level A – Extend Knowledge Base

Foundational Objectives
Students will develop an information base enabling responsible decision making about sexual behaviour.

Students will recognize that decisions about sexual behaviour affect life plans.

Learning Objectives
Students will acquire and evaluate information in order to:

- become aware of the developmental tasks of adolescence
- distinguish between sex and sexuality
- describe the social, psychological, moral, and biological dimensions of sexuality throughout the life cycle
- clarify that reproduction is an instinctual behaviour that can be controlled in humans
- understand that knowledge of the reproductive systems enables both genders to take responsibility for their sexuality (e.g., in the prevention of FASD)
- develop an awareness of how sexual messages are communicated (e.g., media portrayal of fun = alcohol + sex)
- identify the range of behaviours that are encompassed by the term "sexual activity"
- explore the advantages and disadvantages of various methods of contraception
- describe the processes of fertilization and implantation
- define the purposes of the placenta, amniotic sac, and umbilical cord throughout the trimesters of pregnancy
- identify the three stages in the birth process
- outline the options available to unplanned pregnancy.

Level B – Make an Informed Decision

Foundational Objective
Students will develop the lifelong skill of making decisions about their sexual behaviour that reflect personal goals, lifestyle goals, and career goals.

Learning Objectives
Students will:

- develop techniques for communicating effectively and managing stress related to social or sexual relationships
- list factors that enter into decisions about sexual behaviour (e.g., alcohol and unsafe sex)
- understand that sexual decisions can define lifestyle
- state a challenge concerning some aspect of sexuality, sexual activity, contraception, pregnancy, marriage, or alternatives (i.e., within the context of FASD prevention)
- list strategies (alternatives) to meet their challenge about sexuality (and FASD prevention)
- understand that real life problems often have more than one solution (CCT)
- explore the consequences of each alternative
- select the best strategy to meet their challenge
- develop a goal statement (e.g., regarding the prevention of FASD).

Level C – Carry Out Action Plan

Foundational Objective
Students will develop the ability and confidence to design and carry out a healthy sexuality action plan that is congruent with their personal standards and future goals.

Learning Objectives
Students will:

- construct clear, achievable goals and plan to meet them (IL)
- design and carry out action plans for healthy sexual behaviours that will enhance the achievement of life plan goals (PSD)
- evaluate action plans and redesign them as necessary.

The selection of the following CELs for emphasis in this module does not preclude the development of other CELs in the suggested activities and strategies.

Foundational Objective (C)

Students will develop their abilities to use language for differing purposes relevant to the topic of human sexuality.

Learning Objectives

Students will:

- interview persons with prearranged questions to acquire information
- identify and understand persuasion and propaganda techniques (e.g., loaded words, unsubstantiated claims)
- distinguish between primary and secondary sources of information.

Foundational Objective (IL)

Students will develop the ability to access knowledge.

Learning Objective

Students will:

- seek out information from people who may be knowledgeable (e.g., parents, teachers, guidance counsellors, community agencies, and health care workers).

Foundational Objective (CCT)

Students will think for themselves, recognize the limits of individual reflection and the need to contribute to and build upon mutual understandings.

Learning Objectives

Students will:

- consciously evaluate what is being read, heard, or viewed
- examine knowledge in terms of what they already know and what they want to know.

Foundational Objective (CCT)

Students will develop the ability to evaluate ideas, processes, and experiences relevant to their sexuality.

Learning Objectives

Students will:

- understand that real life problems often have more than one solution
- render a judgement and support that judgement by referring to clearly defined criteria.

Foundational Objective (PSD)

Students will treat themselves and others with respect.

Learning Objective

Students will:

- continue to deepen their understanding of the meanings of "respect" and demonstrate abilities to show genuine respect for self and other persons.

Foundational Objective (N)

Students will develop their abilities to understand the uses and abuses of mathematical concepts in topics related to human sexuality.

Learning Objective

Students will:

- develop an awareness of the reporting techniques commonly used by special interest groups to shape the impact of quantitative data and influence the uncritical reader, listener, viewer, or consumer.

Foundational Objective (TL)

Students will develop an understanding that technology both shapes and is shaped by society.

Learning Objective

Students will:

- investigate how technology has affected conception, contraception, pregnancy, labour, and birth.

Overview of Fetal Alcohol Spectrum Disorder (FASD) Prevention Education in Health Education Grades 7-9 and Life Transitions 20

	Grade 7	Grade 8	Grade 9	Life Transitions 20
Sample Unit	**Alcohol and Other Drugs Alcohol Spectrum Disorder (FASD) Prevention**	**Decision-making Process Fetal Alcohol Spectrum Disorder (FASD) Prevention**	**Dating and Abstinence, Sexually Transmitted Infections, Pregnancy, and Contraception**	**Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention**
Wellness Perspectives	**Commit Self**	**Support Peers**	**Promote Health**	**Manage Change**
Content	• what FASD is • how FASD occurs • how FASD can be prevented	• review of what FASD is, how it occurs, and how it can be prevented • communication strategies to support peers	• review of what FASD is, how it occurs, and how it can be prevented • effects of FASD on the family and community • communication strategies to promote health	• review of what FASD is, how it occurs, how it can be prevented, and its effects on the family and community • strategies for managing changes needed to prevent FASD
Process	• use criteria for selecting resources • access and gather information • evaluate sources/information • practise decision-making skills to commit self	• use criteria for selecting resources • access and gather information • evaluate sources/information • practise strategies to support peers	• practise sound research skills • practise leadership skills and health promotion strategies • promote community supports and services related to the prevention of FASD	• practise sound research skills • study sexuality issues, human reproduction, and pregnancy options • reflect on personal strategies for managing change within the context of FASD prevention
Suggested Activities	• experiments • commit self scenarios • consequence wheel	• imaging activity • support peers scenarios	• interviews • promote health scenarios	• lifeline • project (display, debate)
Suggested Resources	• appendices – information about FASD, alcohol, other drugs; experiments and consequence wheel guidelines; scenarios; letter/Midori • books about alcohol, drugs, FASD; websites; human resources • video – *Don't Drain your Brain: How Alcohol Damages the Brain*	• appendices – FASD information, T/F page, imaging, scenarios, sample action plan • books about supporting peers, FASD; websites; human resources • videos – *FAS: When the Children Grow Up* and *With Child, Without Alcohol* (selected segments)	• appendices – FASD information, information about alcohol and dating issues, personal standards, scenarios • book about dating, websites, human resources	• appendices – information about FASD and testing newborns for alcohol exposure • books, websites, human resources • videos – *FAS Forward: A Fresh Look at Fetal Alcohol Syndrome; With Child, Without Alcohol* (selected segments); and *The Final Score: Winning Against FAS*

Module 9: Human Sexuality
Fetal Alcohol Spectrum Disorder (FASD) Prevention
At a Glance

Time Frame: 10 hours

Content	Planning Process
Overview of module	**Level A – Extend Knowledge Base**
Sex and sexuality	1. Stop and *Reflect* on what you know and feel about the issue.
Developmental tasks of adolescence	
Dimensions of human sexuality	
Human reproductive system	
Research: Fetal Alcohol Spectrum Disorder (FASD)	2. *Research* the issue. Find the facts.
How to say "no"	
Contraception: categories, advantages, disadvantages	
Unplanned pregnancy options	
Life goals, sexual decisions, and FASD prevention	**Level B – Make an Informed Decision**
Effective communication strategies, role plays	
Statement of challenge (e.g., regarding the prevention of FASD)	3. *State* the challenge and *Explore* alternatives and consequences.
List suitable strategies to meet challenge	
Consider consequences	
Select best strategy to meet challenge	
Set healthy sexual goal	4. *Determine* your decision and *Set* personal goal.
Designing and carrying out healthy sexual behaviours plan (e.g., preventing FASD)	**Level C – Carry out Action Plan**
	5. *Design* and *Apply* Action Plan.
Evaluation, self-evaluation and evaluation by designated support person(s), perhaps leading to some revision in the original plan	6. *Evaluate* your progress and *Revise* as needed.

Planning Process

Level A – Extend Knowledge Base

1. Stop and Reflect on what you know and feel about the issue.

Learning Objectives

Students will become aware of the developmental tasks of adolescence.

Students will distinguish between sex and sexuality.

Students will describe the social, psychological, moral, and biological dimensions of sexuality throughout the life cycle.

Students will examine knowledge in terms of what they already know and what they want to know (e.g., about FASD) (CCT).

Instructional Strategies/Methods | **Teaching Notes**

Interactive Instruction: cooperative learning groups discussion

As an introduction to this unit, have students work in small groups to explore their definitions of sex and sexuality. Consider the following:

- Sex refers to the property or quality by which organisms are classified as female or male on the basis of their reproductive organs and functions. The sexual urge or instinct as it manifests itself in behaviour. Sexual intercourse (*Nelson Canadian Dictionary*, 1997).
- Sexuality is a much broader term touching on the physical, emotional, moral, and interpersonal development of every person. Sexuality influences thoughts, feelings, actions, interactions, and thereby our mental and physical health. Within every community there is a diversity of personal and social moral beliefs, values, and ethics related to sexuality. The role of sexuality changes throughout the stages of an individual's life (*Beyond the Basics*, page 3).

Relate the discussion of the above definitions to The Developmental Tasks of Adolescence (Appendix 1). The tasks indicate changes that occur as a young person grows toward becoming a healthy, mature adult. The teacher may list the tasks on a chart. Ask students to consider how the developmental tasks apply to them at this stage of their lives. Continuing in their small groups, give each group one of the tasks and ask them to list two or more behaviours from examples in their own lives, that illustrate how they have, in the past year, moved toward maturity. Have students share what they have listed. Have each group sign their paper with their examples and tape it to the chart.

Interactive Instruction: discussion

Within that context, discuss further how the complex dimensions of our humanity may influence sexual (and other) human behaviours as young people mature. Review the relationships among the biological, moral, psychological, and social dimensions that make up a person's total sexuality:

- Biological dimension of human sexuality is the one people think of first.
- Moral dimension of human sexuality is the question of right or wrong.
- Psychological dimension of human sexuality comprises attitudes and feelings toward us and others.
- Social dimension of human sexuality is the sum of cultural factors that influence thoughts and actions.

To illustrate the discussion, draw a large circle on the chalkboard or chart paper. Title it *Dimensions of Human Sexuality*. Divide the circle into four equal segments. Around the outside of the circle, label each segment: *Biological, Moral, Psychological*, and *Social*.

Instructional Strategies/Methods	Teaching Notes
Interactive Instruction: discussion	Have students consider what they wrote about their developmental tasks in the previous activity and think about what their values, beliefs, or realities may be within each of these dimensions. For example, students may suggest: • Biological: "My brain controls my hormones." • Moral: "I believe it is a sin to have sex before marriage" or "I think it is important to have sex within a committed relationship of mutual respect." • Psychological: "I would never let anyone talk me into doing what I do not want to do" or "I tend to be a follower and let people decide things for me." • Social: "I like being alone" or "I love partying and flirting with people" or "I prefer to be with small groups of good friends without any sexual stuff going on."
Independent Study: personal reflection	Ask students to draw a similar circle in their notebooks and indicate in each segment their own beliefs, values, and/or realities.
Interactive Instruction: discussion	Discuss further how one dimension may influence the others. For example, for a person who believes that sexual intercourse before marriage is a sin, the moral dimension may have a powerful influence on beliefs and behaviours within the other dimensions. On the other hand, a party person who tends to be a follower may find that the social dimension, possibly with the effects of alcohol/drugs, may overwhelm the other dimensions.
Independent Study: personal reflection	Extend this activity by asking students to look at their circles and analyze them for possible dominance of one dimension over the others.
	Write Fetal Alcohol Spectrum Disorder (FASD) on the chalkboard. Explain to students that, in this unit, they will be looking at FASD within the context of values and sexual behaviours.
Independent Study: assigned questions	Students may work independently to list in their notebooks some information that they know about FASD. Then ask students to list some questions about FASD that students would like answered. Share the statements and the questions with the class. (The teacher may wish to post the questions on chart paper.) Have students date their notes. Explain that during the unit, students will go back to check the accuracy of their "facts" and check to see that questions are answered.

Student Assessment Techniques
In this first step of the Planning Process, teachers are setting the stage for what is to come within the module. Students are reflecting on what they already know about the topics to be included in the module. There is no need to assess student involvement in the discussion and activities. The purpose of these particular instructional methods is twofold: to find out what the students know and to spark the students' interest. The instruction is orchestrated to achieve the CCT learning objective.

Planning Process

Level A – Extend Knowledge Base
1. Stop and Reflect on what you know and feel about the issue.
2. Research the issue. Find the facts.

Learning Objectives

Students will clarify that reproduction is an instinctual behaviour that can be controlled in humans.

Students will understand that knowledge of the reproductive systems enables both genders to take responsibility for their sexuality (e.g., in the prevention of FASD) (PSD).

Instructional Strategies/Methods	Teaching Notes
Direct Instruction: mini-lecture	Key points of the mini-lecture: • sex hormones activate instinctual behaviours • sex drive as a positive force: reproduction of human species, pleasure • sex drive as a negative force: when it overrides personal attitudes, beliefs, and expectations, it may cause injury to another person • control over hormonal and instinctual sexual urges is a uniquely human trait (e.g., animals do not control where or when they respond to sexual instincts).
Interactive Instruction: cooperative learning groups	Allow students to reflect on their knowledge of the reproductive system. Divide the class into small groups. Have each group illustrate either the male or female reproductive system complete with appropriate terminology. Be prepared for giggles and frustration. When the drawings are complete, distribute correct diagrams (e.g., *Beyond the Basics*, pages 78, 79, 86, 363-365). Allow time for students to revise their drawings.
Interactive Instruction: discussion	Discuss how knowledge of the reproductive systems helps people assume responsibility for themselves. Discuss the problems that might arise for people who do not understand the reproductive systems (e.g., unintended pregnancy). Point out to students that: • most pregnancies among youth are unplanned • many of the unplanned pregnancies are associated with the consumption of alcohol and/or drugs • the above combination indicates high risk for a child with FASD.
Interactive Study: cooperative learning groups	Divide students into pairs or small groups with their notes and questions about FASD from the previous lesson along with copies of the FASD Information Pages (Appendices 2 and 3). Students may refer to the statements and questions in their notebooks or on chart paper to guide reading and discussion. This discussion may generate further questions. Have students list those questions on the chart paper or in their notebooks. Questions may relate to the information provided, may address gaps in the information, or encompass broader issues. For example: • Is this information accurate? Can it be verified? • Is the information current? Is it biased? • Is there a safe time during the pregnancy to drink? (Consider how the fetus develops, especially the brain, as well as the role of the placenta, umbilical cord, and amniotic sac.)

Instructional Strategies/Methods

Teaching Notes

- How is FASD a male issue? (Consider the complexity of sexual decisions as well as the role of the father, family, and the community. For example, a father's support of his partner before and during pregnancy may strongly influence her decision to avoid alcohol.)
- What is the "spectrum" of disorders? (Consider that FASD is often a "hidden" disorder – often no physical indications or some physical features may occur for other reasons.)
- Should there be posters in bars warning of the dangers of mixing alcohol and pregnancy? (Note that in Saskatchewan all bars, liquor outlets, franchises, and restaurants that sell liquor receive posters and are requested to post them. Materials provided were developed by the Saskatchewan Prevention Institute in cooperation with Saskatchewan Liquor and Gaming Authority.)
- Should alcoholic beverages have warning labels similar to those on cigarette packages?
- What are the costs of FASD to our society? (Consider the financial costs of health care, support, special education, cost of human potential, and potential costs in the justice system.)
- Can teens or adults be diagnosed for FASD?
- If I (or my friend, sister, uncle, neighbour) think I might have FASD, what can I do about it now? (Consider support available in the community.)

Independent Study: research

Conclude this part of Level A by discussing the questions generated. Have students, individually or in pairs, select two or more questions to answer through research. Students may record the questions, sign their names, and identify a deadline date. Research may be assigned for homework or may be done during class time.

An important note regarding FASD websites: Some websites may claim there are no significant risks to the fetus when the mother consumes alcohol in moderation. However, the following should be noted:

- Some studies done during the 1980s actually found that to be true. However, in those studies, the assessments were done only with newborn babies. The researchers may not have realized, at the time, that a child with FASD may at birth appear to be perfectly normal. Symptoms may not become evident until the child has been in school for a while and is required to perform increasingly complex academic tasks, remember information, and interact with classmates in appropriate ways. It is believed that as young people or adults, people with FASD were and still are frequently misdiagnosed.
- The website itself may be questioned. Is the site that of a reputable organization? Is it linked to individuals or an interest group that may not want alcohol consumption to appear in a negative light?
- Students may find this kind of website interesting to evaluate as it provides opportunities to further develop critical and creative thinking skills.

Student Assessment Techniques
Teachers may use a checklist to indicate student participation in each of the activities as well as commitment to research. Student journal entries may indicate students' understanding that knowledge of the reproductive systems enables them to take responsibility for their sexuality.

Planning Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will consciously evaluate what is being read, heard, or viewed (CCT).

Students will develop an awareness of the reporting techniques commonly used by special interest groups to shape the impact of quantitative data and influence the uncritical reader, listener, viewer, or consumer (N).

Students will interview persons with prearranged questions to acquire information (e.g., about FASD) (C).

Students will seek out information from people who may be knowledgeable (e.g., parents, teachers, counsellors, community agencies, and health care workers) (IL).

Instructional Strategies/Methods	Teaching Notes
Independent Study: research AND/OR Interactive Instruction: interviewing AND/OR Direct Instruction: guides for reading, listening, viewing	For their research, students may access print material, audio-visual resources, and/or the Internet. Students may also choose to interview health care professionals or other people who may be knowledgeable about various areas of human sexuality and/or FASD. See Appendix 6 for a list of resources. The teacher may choose to provide the print, audiovisual, human resources, and access to computers so that the research is done during class time, as homework, or a combination of both. Note the four Common Essential Learnings specified in the learning objectives. Consider your students when deciding which instructional methods best suit them in teaching them to access multiple sources of information and then evaluate those sources to determine which are primary and which are secondary sources (i.e., primary – written by a participant, like a doctor writing about a procedure she performed; secondary – written by a non-participant, like a person writing an analysis of the procedures followed by several different doctors). As stated in the learning objectives for critical and creative thinking and numeracy, the students are learning to evaluate critically the reporting techniques used in some resources by some special interest groups. (Note the advisory for websites on the previous page.) The combination of instructional methods selected to attain these objectives will depend on your students. Discuss with students how their research may be shared and how their work will be evaluated at the end of Level A. Some suggestions for sharing: • Create a display in the student lounge, hallway, or other prominent place about FASD and how it can be prevented (see the next page for further suggestions). • Prepare and provide an information seminar about FASD to be shared with another class or at a youth conference. • Conduct a simulated television interview with a "well-known" host and FASD "expert" guest presenting prepared questions and answers. This may be videotaped ahead of time and shown in class. • Write/perform a story, poem, song, or role play. • Create a report using a visual organizer (e.g., concept map, chart). • Prepare/present a Power Point presentation. • Prepare for and participate in a debate (see the next page for topic suggestions).

If students choose to create a display, the following are some suggestions.

- The title might be *Manage Change: Prevent FASD* or *If you drink while you are pregnant, the hangover is for life.*
- A few students may begin the display. Other students will study the initial items and each add something new (i.e., new format or new information).
- Items on display may be ones that students create or collect. They may include posters, brochures, fact sheets, packages of questions/answers printed on cards, a self-administered T/F quiz, poems, a TV/VCR/DVD set up with one of the recommended videos, a computer set up with stories, recommended links, bookmarks, a consequence wheel, and so on.
- Information displayed will reflect the students' research.

Interactive Instruction: debate

If the teacher and students choose to participate in a debate, consider the following topics:

- *Be it resolved that there should be mandatory testing of all newborn babies for exposure to alcohol or drugs* (see Appendix 4: Testing Newborns for Fetal Exposure to Dugs/Alcohol). Students consider legal, ethical, and social implications of this procedure (e.g., mothers' confidentiality rights, consent, costs of testing, possible savings connected with early diagnosis, whose responsibility it is to provide services for children who may be affected, and so on).
- *Be it resolved that labels warning of the risks of alcohol consumption when pregnant be placed on all alcoholic beverage containers* (see the website: http://www.cbs.gov.on.ca/mcbs/english/699LLZ.htm for information on Sandy's Law).

Students may volunteer to research the topic, plan a strategy, and assign the debaters. Other students in class may research the topic in order to be informed judges. The audience may judge the debate on the basis of valid arguments, persuasive techniques, and effective responses to opposing arguments and declare the "winner".

Student Assessment Techniques

In some respects, the research, assignment may act as a needs assessment. As students begin their research, teachers may observe students' abilities to access information, to be critical consumers of information, and to prepare for interviews. This may indicate to the teacher those skills that need to be strengthened through classroom instruction.

It is important to ensure assessment techniques are well matched to how students spend their time on researching for information. The teacher and students may use templates from the "Templates for Assessment and Evaluation" section, pages 35-57, in *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level*, 1996:

- If a student writes a report, the templates Report Assessment, page 48, and A Framework for Marking a Project/Role Play/Written Assignment, page 46, may be used.
- If a student conducts an interview, Student Self-assessment for Preparing and Conducting an Interview, page 50, may be used.

Student Evaluation Techniques

The teacher may evaluate students' research skills, evidence of critical thinking, and the information students gather during their research.

Planning Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will develop an awareness of how sexual messages are communicated (e.g., media portrayal of fun = alcohol + sex).

Students will identify and understand persuasion techniques (e.g., loaded words, unsubstantiated claims) (C).

Instructional Strategies/Methods — **Teaching Notes**

Interactive Instruction: cooperative learning groups

Initiate the discussion by explaining that young adults who become pregnant or contract a sexually transmitted infection often say afterward, "I just didn't know how to say no".

Review, or present as a practice session, the Pressure Lines Activity found on page 227 of Module 9 in *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level* (1996).

Interactive Instruction: discussion

Build on concepts presented in Middle Level Health Education by discussing the process of seeking consent.

- What is consent?
- What might consent sound like?
- What might consent look like? Ask students to generate a list of responses to the following questions:
  - What does refusal sound like? (e.g., "No", "I don't think so", "I'm not ready for this," "Uh-uh", "I said, no")
  - What does refusal look like? (e.g., removing a hand from your body, shaking your head, eye contact)

Discuss how alcohol may affect decision making and what people can do about it. Points of discussion may include:

- impaired judgement, both in giving and accepting refusal (note that people cannot legally be considered to have consented to sex if they are under the influence of alcohol)
- behaviour that may not be the norm
- lack of willpower (i.e., lower inhibitions)
- risk of fetal exposure to alcohol, if pregnant.

Independent Study: research

As part of their research, have students compile a list of community agencies that offer information and/or support to students on whatever topics are relevant to them (e.g., teenage pregnancy, health issues, STIs, FASD, drugs, and alcohol). This list may be displayed or kept in individual file folders.

Student Assessment Techniques
A Rating Scale for Co-operative Learning appears on page 42 of the "Templates for Assessment and Evaluation" section of *Life Transitions: A Curriculum Guide for the Secondary Level*, 1996. Rating scale items 3, 4, and 5 could be used during the Pressure Lines practice session to assess students' co-operative group skills.

Planning Process Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives
Students will identify the range of behaviours that are encompassed by the term "sexual activity".

Instructional Strategies/Methods	Teaching Notes
Interactive Instruction: brainstorming	Ask students to brainstorm the behaviours encompassed in the term "sexual activity". Likely responses include: • hugging, kissing • petting, touching • sexual intercourse • masturbation • oral sex. Extend the brainstorm by generating a list of different situations in which those behaviours might occur. Possible responses include: • acquaintance • friendship • dating • going steady • living together • getting engaged • being married. Visual learners may appreciate receiving this information as a dating continuum illustrating the progression, for example, from talking to each other in the hall to marriage, with varying steps between the two. (Teacher note: If "Internet chats" are suggested, discuss the risks of chatting with strangers.)
Indirect Instruction: personal reflection	Move to an individual response session where each student matches the sexual activities with the situations on the continuum. Remind students that this is not a one-to-one matching exercise. Rather, this is an opportunity for students to reflect, as individuals, on what behaviours they might be comfortable with in each situation. Students may choose to write journal entries responding to such questions as: • What does this tell me about myself? • What does this tell me about my expectations for relationships? • What commitment do I expect from another person in connection to these sexual behaviours? • What expectations might the other person have of me in connection to each of these sexual activities? • What behaviours are especially important in the prevention of FASD?

Student Assessment Techniques
The continuum the students create may indicate to teachers the degree to which students understand the term "sexual activity". The journal writing may be submitted but, in most cases, journal entries are not evaluated. Both the continuum and the journal entries may indicate areas that need to be addressed, acting as a needs assessment.

Planning Process

Level A – Extend Knowledge Base
2. Research the issue. Find the facts.

Learning Objectives

Students will explore the advantages and disadvantages of various methods of contraception.

Students will describe the process of fertilization and implantation.

Students will define the purposes of the placenta, amniotic sac, and umbilical cord throughout the trimesters of pregnancy.

Students will identify the three stages of the birth process.

Students will outline the options available to unplanned pregnancy.

Instructional Strategies/Methods	Teaching Notes
Interactive Instruction: jigsaw Note: For instructions on how to conduct a jigsaw, see page 25 of *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level*, 1996.	To conduct a jigsaw, using home groups and expert groups, the teacher may set out multiple resources that deal with the following: • concepts of fertilization and implantation (see *Beyond the Basics*, pages 110-112 for information and a review activity) • the purposes of the placenta, amniotic sac, and umbilical cord (information may be available from the public health nurse) • various birth control methods (i.e., identify the methods and consider their advantages/disadvantages and their effectiveness in protection against HIV/AIDS, STIs, and pregnancy) (see *Beyond the Basics*, pages 282-291, 307-311 for information) • the stages of the birth process (see *Beyond the Basics*, pages 110, 111, 114, 115 for information) • the options available to unplanned pregnancy (i.e., adoption, abortion, single parenthood, married, or common-law parenthood). Student information about each option may deal with the positive/negative implications of each option as well as the procedures that could be followed (information may be available from a social worker or social services agency). During both stages of the jigsaw, the teacher may circulate among the groups ensuring that students comprehend the information and present it accurately.
Interactive Instruction: guided viewing guest speaker	To expand on the information communicated during the jigsaw and as part of students' research, the teacher and students may: • view and discuss one or more of the videos suggested in Appendix 5: Viewing Guide for Videos • invite some teen parents to speak to the class about the challenges a young parent faces.
Interactive Instruction: sharing research	To conclude Level A, have students share their research (see suggested methods of sharing research earlier in Level A).
Indirect Instruction: personal reflection	Ask students to reflect on what they have learned about FASD prevention. It should be clear to them that prevention involves one of two alternatives: • If you drink, do not get pregnant. • If you are pregnant or may get pregnant, do not drink.

Instructional Strategies/Methods	Teaching Notes
	Within that context, be sure students appreciate that although FASD prevention may appear to be straightforward, not drinking may be a difficult and complex issue. For example, alcoholism, inadequate decision-making skills, experiences with abusive situations, lack of family/community support, lack of knowledge about FASD, and other factors may contribute to a person finding it difficult to refrain from drinking alcohol. Emphasize as well that FASD prevention is a shared responsibility. A supportive partner, friend, or family member can make a big difference in a pregnant woman's decision to refrain from drinking alcohol.

Student Assessment Techniques

It is important to ensure that assessment techniques are well matched to how students spend their time learning. If a student writes a report, the templates Report Assessment and A Framework for Marking a Project/Role Play/Written Assignment can be used. These templates can be found in the "Templates for Assessment and Evaluation" section of the Life Transitions 20, 30 curriculum guide. In the jigsaw, students are allocated a specified amount of time to work within the expert groups and home groups. The teacher or students may use a checklist indicating the degree to which each student participated actively and comprehended and communicated the information accurately.

Student Evaluation Techniques

The teacher may gather the assessment data for each student in Level A and assign a mark or grade for Level A.

Planning Process Level B – Make an Informed Decision
3. State the challenge and Explore alternatives and consequences.

Learning Objectives

Students will list factors that enter into decisions about sexual behaviour (e.g., alcohol and unsafe sex).

Students will develop techniques for communicating effectively and managing stress related to social or sexual relationships.

Instructional Strategies/Methods	Teaching Notes
Interactive Instruction: brainstorming and discussion	Have students brainstorm a list of factors affecting decisions about sexual behaviour. The list may include items such as: • alcohol and other drugs • community norms • emotions • expectations • family • life goals • media • peer pressure • peer support • personal standards • religious or cultural norms • self-esteem.
Interactive Instruction: discussion and/or role playing	Considering the above factors, review effective communication skills within social and/or sexual relationships (e.g., being clear about decisions, speaking respectfully, and so on). If students need some assistance with identifying effective communication skills, see *Beyond the Basics*, pages 236-241. Students may work with a partner to identify social or sexual relationship situations where two or more people may have different expectations. Examples of situations are: setting limits about intimacy, preventing pregnancy, discussing contraception, declining a date, ending a relationship, and so on. Have the partners discuss or practise various ways to communicate in each situation and choose the one they think would be most effective. Divide the class into small groups for the purpose of role playing. Advise the groups of the criteria to be used in assessing their role plays (see *Life Transitions 20, 30: A Curriculum for the Secondary Level*, pages 46 and 47). Following up on the communication strategies practised, students may work with a partner or a small group. Have each group choose from the following (or other) examples to discuss what prevention of FASD might entail for each person. For example: • a person living in an environment of alcohol • a person with ineffective decision-making skills • a person who tends to submit to peer pressure • one who lacks family or peer support • a person who suffers from violence or intimidation in relationships • a youth whose partner is pregnant and is concerned about future responsibilities

- someone who does not know about FASD
- someone who drank alcohol before she knew she was pregnant
- a young woman whose partner says that her drinking and her pregnancy are her problems.

Students may wish to organize their suggestions using a chart like the following:

The situation	Strategies to prevent FASD

Have students share their discussions or role plays.

Student Assessment Techniques
To assess each student's co-operative group skills as demonstrated by the discussion and small group activity, the teacher may wish to use the "contribution" and/or "attitude" section in the Anecdotal Records in Reflective Discussion/Discussion/Circle of Knowledge template in *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level*, 1996, page 38.

Planning Process
Level B – Make an Informed Decision
3. State the challenge and Explore alternatives and consequences.

Learning Objectives
Students will understand that sexual decisions can define lifestyle.

Instructional Strategies/Methods | **Teaching Notes**

Interactive Instruction:
circle of knowledge
AND
Indirect Instruction:
personal reflection

Lifeline Activity in a circle of knowledge:

- Ask students to draw a lifeline beginning with their birth date and ending with the age at which they think they might die. According to Statistics Canada, 2001, life expectancy for Canadian men is 77 and women 82 years of age.
- Next, ask students to block in the span of years referred to as adolescence (teen years and early twenties) and to list the nine developmental tasks of adolescence within that block of time on their lifeline (review Appendix 1: The Developmental Tasks of Adolescents).
- Mark the age at which they plan to complete their education.
- Indicate the age at which they might begin their careers.
- Mark the age at which they might choose to marry or have a serious, monogamous relationship.
- Indicate the age at which they would like to have their first child, if family is part of their future plan.
- Give students a few minutes to reflect on one life goal they would like to achieve in their lifetime (e.g., take a big trip, be the first Saskatchewan resident in space, write a book, invent something, own a business, buy a brand new car).
- Lastly, have students insert, in a different colour ink, the phrase, "I'm a parent". Mark this insertion at the 17 or 18 year mark on their lifeline. Note: If there are students in your class who are parents, they may insert their own information.

Independent Study:
assigned questions
personal reflection

Ask students to answer these questions individually:

- What effect would becoming a mother or father at age 17 have on your potential lifeline?
- What changes would happen immediately if you became a father or mother at age 17?
- What effect would becoming a mother or father at age 17 have on your intended lifestyle (e.g., things that might have to be delayed, things that might never happen)?

Considering what students have learned about FASD, ask students to reflect personally on the following questions:

- What effect would becoming a father or mother of *a child with disabilities* at age 17 have on your potential lifeline?
- What changes would happen immediately if you became a mother or father of *a child with disabilities* at age 17?
- What effect would becoming a father or mother of *a child with disabilities* at age 17 have on your intended lifestyle?

To conclude this lesson, have students begin to think about identifying their challenge.

Student Assessment Techniques

The Lifeline Activity does not need to be assessed. The purpose of this activity is to help students "see" that the decisions about sexual behavior have a profound affect on students' personal life, family life, and career. This activity sets the stage for the challenges, alternatives, and consequences of Level B.

Planning Process	Level B – Make an Informed Decision 3. State the challenge and Explore alternatives and consequences.

Learning Objectives

Students will state a challenge concerning some aspect of sexuality, sexual activity, contraception, pregnancy, marriage or alternates (i.e., within the context of FASD prevention).

Students will list strategies (alternatives) to meet their challenge(s) about sexuality (and FASD prevention).

Students will understand that real life problems often have more than one solution (CCT).

Students will transform their reflections into strategies for action (IL).

Instructional Strategies/Methods	**Teaching Notes**
Independent Study: personal reflection OR Interactive Instruction: reflective discussion	Students may state their challenges. Their challenges will vary, depending on their lifestyles, values, and current situations. Some examples may be: • My challenge is to clarify what my personal standards, beliefs, and priorities are right now because they play a key role in my sexual choices and decisions. • My challenge is to figure out the degree of physical intimacy and emotional intimacy I am comfortable with now. I want to be clear on that ahead of time in case I am pressured toward increased sexual involvement while I am dating throughout high school. • My challenge is to feel comfortable with my sexual orientation or with that of others. • My challenge is to avoid the risk of having a child affected by FASD. • My challenge is to plan activities with friends that do not involve alcohol and drug consumption. • My challenge is to find out more about single parenting. I am pregnant and I do not know if I can do this. I need to find out more about adoption and other alternatives as well. • My challenge is to support a friend (sibling, parent) who is pregnant, in the prevention of FASD. • My challenge is to ensure that my family (peers, community) knows about the risks of drinking alcohol when pregnant. • My challenge is to identify sources of accurate information and support that will help me to clarify my beliefs around issues of sexuality. • My challenge is to find strategies that support my position of abstinence. Some students will be quite capable of generating a list of strategies to use in meeting their challenge. Others may want to add to their list of strategies or alternatives by checking with a partner and then again with another pair of students.
Indirect Instruction: reflective discussion	Many decisions of a sexual nature are made throughout the life cycle. Skills used in the decision-making process can be developed and improved. Sexual attitudes and values, rooted in the family, influence such decisions. Encourage students to consult with family members as they work through the alternatives and consequences stage of the decision-making process. Trusted adults and family members may act as a positive and reassuring influence as students make a decision and set a goal that reflects personal values concerning sexuality.

Instructional Strategies/Methods	Teaching Notes
	For more detailed information on how to meet the objectives of Levels B and C, the teacher may refer to Module 1: Orientation to Life Transitions, pages 97-107 of *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level* (1996). Module 1 provides detailed step-by-step processes as well as decision making and action plan templates.

Student Assessment Techniques
Sample instruments provided in the "Templates for Assessment and Evaluation" section of *Life Transitions 20, 30: A Curriculum for the Secondary Level*, 1996, may be used or adapted as follows:

- Sections of Suggested Checklist to Grade the Use of a Decision-making Process/Case Studies, page 52, can be used to assess students' abilities regarding these objectives.
- The first three columns in the Checklist for Assessing Level B – Make an Informed Decision, page 54, are also designed to assess the degree to which students have attained these skills.

Planning Process Level B – Make an Informed Decision
3. State the challenge and Explore alternatives and consequences.

Learning Objectives
Students will explore the consequences of each alternative.

Students will select the best strategy to meet their challenge.

Students will render a judgement and support that judgement by referring to clearly defined criteria (CCT).

Students will develop a goal statement (e.g., regarding the prevention of FASD).

Instructional Strategies/Methods	**Teaching Notes**
Interactive Instruction: cooperative learning groups OR Independent Study: homework	The expectation is that students will consider their challenge, identify criteria to use in weighting or comparing alternatives, and list strategies to meet the challenge. Students may be comfortable consulting with other students for this task. On the other hand, students may choose to make this a homework assignment as they consult with trusted adults or family members.

Students may list their strategies and weigh them against criteria, which will vary depending on the challenge, using a matrix. For a student who identified one of the sample challenges previously listed, the matrix might look like the following:

My challenge is to ensure that my family knows about the risks of drinking alcohol when pregnant.

	Criteria			
Strategies	**Possible?**	**Effective?**	**?**	**?**
I will talk to each family member about FASD.				
I will give family members copies of the material on FASD that I have researched. They can read it.				
I will show family members the video …				
I will post a big sign on our liquor cabinet at home.				
I will make a bookmark about FASD prevention for each member of the family.				
I will call a family meeting to discuss FASD.				

Instructional Strategies/Methods	Teaching Notes
	Ask students to use the best strategy and phrase it as a goal statement. For example, "My goal is to show my family the video .... I will do that this week."

Student Assessment Techniques
Teachers may have students use self-evaluation checklists to indicate that students have satisfactorily completed the required tasks and participated in the group activities. The teacher may also use templates from *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level*, 1996 in the following ways:

- the last section of Suggested Checklist to Grade the Use of a Decision-making Process/Case Studies, page 52
- the last three sections of Students' Self-assessment for Using a Decision-making Process/Case Studies, page 52
- the fourth and fifth columns of Checklist for Assessing Level B – Make an Informed Decision, page 54.

Student Evaluation Techniques
Before leaving Level B and entering Level C, the teacher may make a judgement or assign a Level B mark for each student. For some students, their mark for this module will be based on Level A, Level B, and cooperative group skills. For those students who design and carry out an action plan within this module, the mark will be based on all three levels of the Decision-making Process and cooperative group skills (see the Assessment and Evaluation section of *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level*, 1996, pages 33-57).

Planning Process

Level C – Carry Out Action Plan
5. Design and Apply action plan.
6. Evaluate your progress and Revise as needed.

Learning Objectives

Students will construct clear, achievable goals and plan to meet them (IL).

Students will design and carry out action plans for healthy sexual behaviours that will enhance the achievement of life plan goals (PSD).

Students will evaluate action plans and re-design as necessary.

Students will plan, manage, and evaluate personal learning experiences (IL).

Instructional Strategies/Methods — **Teaching Notes**

Independent Study: learning contracts
OR
Interactive Instruction: cooperative groups

Assist students in designing a short-term action plan, either individually or with a group, which is measurable and can be carried out within this semester/year. A template for an action plan may be found on page 127 of *Life Transitions 20, 30: A Curriculum Guide for the Secondary Level* (1996). The template may be used for both individual and group action plans.

Action plans should include a clearly stated goal statement, itemized actions to be taken, check-in and deadline dates, names of support people, and criteria for evaluation.

Class or group action plans may include clearly stated tasks along with dates for each member of the group. Also, plans should be made to evaluate progress in order to make any necessary revisions. The group may use an organizer similar to the following:

Action plan: ____________________
Group leader(s): ____________________
Group members: ____________________

Task	Person Responsible	Completion Date

Evaluation/revision dates: ____________________
Group signatures: ____________________

Whether the action plan for FASD prevention is individual or group, encourage the tone of the plan to be positive and lean towards compassion, understanding, and hope. For example, if the plan for a pregnant person is to personally prevent FASD, it need not only involve "not drinking alcohol". It might also include planning for what she and her support people will do as well as making plans for a healthy home for a child.

Interactive Instruction: interview

Create opportunities to interview each student about the design of her/his action plan. Ask questions like the following:
1. What is your challenge statement?
2. What is your goal statement? How will you measure whether your goal is met?

Instructional Strategies/Methods	Teaching Notes

1. Who are your support people? How will they support you?
2. Who, from the community, might be involved/affected by your plan?
3. What things might prevent you from achieving your goal? What is your back-up plan?
4. Tell me the steps you have in place to complete your action plan. Where and when will each step occur? Why are you taking each of these steps?
5. What are your check-in dates and your projected end date?
6. Why did you choose to do this action plan?

The evaluation and revision stage of the action plan occurs on a designated date when the short-term portion of the action plan has been completed. The evaluation process involves the student, teacher, and support person(s).

Student Assessment Techniques
The Rating Scale for Assessment and Evaluation of Action Plans in *Life Transitions 20, 30: A Curriculum for the Secondary Level,* 1996, page 55, may be used to assess individual or group action plans both in the preliminary and final stages. In the design stage of step 5, the action plan itself is an assessment technique. Part A, numbers 1-6 can be used to assess the likelihood of success based upon the degree to which the student includes the components and detail of a good action plan. Part B, numbers 1-4 are also designed for assessment purposes.

At the time of revision, later in the semester/year, the same rating scale can be used to assess the action plan and the degree to which it has been completed. Part A, number 7 and Part B, numbers 5-8 are designed for this purpose.

Student Evaluation Techniques
After the action plans have been completed, the teacher may use the assessment data gathered for Level C and assign a mark or grade level.

Appendices for Life Transitions 20 - Module 9: Human Sexuality Fetal Alcohol Spectrum Disorder (FASD) Prevention

Appendix 1: The Developmental Tasks of Adolescence
Appendix 2: Teacher/Student Background Information About FASD
Appendix 3: Some Frequently Asked Q/A About FASD
Appendix 4: Testing Newborns for Fetal Exposure to Drugs/Alcohol
Appendix 5: Viewing Guide for Videos
Appendix 6: Resources

Appendix 1: The Developmental Tasks of Adolescence

The developmental tasks, according to Robert Havighurst (adapted), are:

• Accepting one's body and using it responsibly
• Achieving new and more mature relationships with age mates of both genders
• Achieving emotional independence from parents and other adults
• Preparing for an occupation and economic career
• Preparing for a committed relationship, marriage, and/or family life
• Desiring and achieving socially responsible behaviour
• Acquiring a set of values as a guide to behaviour

Appendix 2: Teacher/Student Background Information About FASD

Teachers must be aware that some of their students may be affected by FASD. Teachers, who would like more information on how to support those students and how other students may be supportive of those with FASD, may refer to a resource such as *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators* (2004), Saskatchewan Learning. The resource may be located at: http://www.learning.gov.sk.ca/branches/curr/special_ed/docs/misc/fasd2004.pdf and was also mailed to all schools.

Teachers are cautioned that some students may display characteristics associated with FASD. The students may or may not be diagnosed with this disorder or the characteristics may be the result of situations other than prenatal exposure to alcohol.

Teachers should also be sensitive to the possibility that some girls in the school may be pregnant and may have consumed alcohol. In that case, teachers should be prepared to provide support and referral to appropriate help.

History

Writings by Aristotle, passages in the Bible, laws from the ancient city of Carthage, and findings by physicians in 18th and 19th century England indicate that there was knowledge that alcohol presented a risk for poor pregnancy outcome. However, this information was lost over time and, in fact, during the 1960s, medical professionals and pregnant women were advised that alcohol might actually help to reduce some of the adverse effects of pregnancy.

Fetal Alcohol Syndrome was identified by researchers in France in 1968 and in the United States in 1973. The first public alert in the U.S. was issued in 1977. Health Canada issued a statement regarding the prevention of FAS in 1996.

How Alcohol Affects the Fetus

Alcohol is a teratogen. A teratogen is a substance that interferes with the normal growth and development of the unborn baby. Specifically, alcohol is called a neurobehavioural teratogen because it can cause damage to the brain and can subsequently change behaviour. All other organs are also vulnerable to damage by alcohol. Damage to other organs can be diagnosed early and may be treated. Damage to the brain, however, is invisible and may not be obvious until later in the person's life. As such, the condition may go undiagnosed or be misdiagnosed. This can result in inappropriate reaction to behaviours. Instead of changing the environment and providing appropriate support, the behaviour may be punished.

Range or Spectrum of Disorders

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to a range of disabilities caused by alcohol consumption during pregnancy.

Fetal Alcohol Syndrome (FAS) describes a person with the full syndrome of identifying facial features, slow growth, and central nervous system damage. The following is a list of possible identifying physical features:

- Facial features may include small eye openings, little or no groove between nose and upper lip, and flattened mid-face.
- Slow growth may include low birth weight, weight loss not due to poor nutrition, and low weight to height ratio.
- Central nervous system damage may include small head size at birth or structural abnormalities of the brain. This may cause hearing loss and/or interfere with the development of fine motor skills, eye-hand coordination, and walking gait.

Partial Fetal Alcohol Syndrome (pFAS) describes a person with some but not all of the facial features of FAS and one or more of the following:

- central nervous system abnormalities
- a pattern of behaviour or cognitive abnormalities that are not age appropriate and cannot be explained by heredity or environment alone
- growth delay.

Appendix 2 (continued): Teacher/Student Background Information About FASD

Alcohol Related Neurodevelopmental Disorder (ARND) is the most common form of FASD and describes a person with no physical signs (invisible form) of FAS but with one or both of the following:

- central nervous system abnormalities
- a pattern of behavioural or cognitive impairments (e.g., difficulties with school performance, abstract thinking, impulse control, social skills, language and math skills, and/or problems with memory, attention, and judgement).

Characteristics of People with FASD

The following may be observed:

- learning and memory difficulties
- language processing difficulties
- speech and language deficits
- behavioural problems
- poor comprehension of social rules and expectations
- short attention span
- impulsive behaviours
- coordination and motor skill deficits
- easily overwhelmed and over stimulated
- hyperactivity
- sensory, hearing, and vision deficits.

Risk Factors Involved in Drinking Alcohol While Pregnant

No one can predict which infants born to mothers who drink will be affected, nor can anyone predict how severe these effects will be. There is no safe time or safe amount of alcohol to drink during pregnancy. Stopping drinking at any time during the pregnancy will decrease the potential amount of damage to the developing fetus. The following is a list of risk factors:

- **The time in the pregnancy at which alcohol is consumed**. Damage to the fetus can occur anytime during the pregnancy. Alcohol can affect whatever growth or development is taking place at the time of the mother's consumption. The unborn baby's brain develops throughout the pregnancy and is always vulnerable to alcohol.
- **The amount of alcohol consumed during the pregnancy**. There is significant risk of damage to the fetus as well as stillbirth and spontaneous abortion with "heavy" drinking. However, no one knows how much alcohol a pregnant woman can drink without hurting the baby. "Binge" drinking (e.g., four or five drinks for adults in a drinking episode) sharply raises the amount of alcohol in the blood and greatly increases the risk to the baby.
- **Individual susceptibility to alcohol**. Genetic factors determine the baby's ability to deal with the alcohol in its system and how quickly the alcohol in the baby's system can be broken down.
- **Nutrition**. Alcohol affects how the placenta transfers important nutrients necessary for fetal growth. Good nutrition for the fetus is important throughout the entire pregnancy.
- **Additional risks**. The damage to the baby because of prenatal alcohol exposure may be compounded if the mother smokes, is in poor health (e.g., poor nutritional status), is under increased stress, and/or uses other drugs.

Prevention

Fetal Alcohol Spectrum Disorder is preventable by not drinking alcohol during pregnancy. If a woman is planning a pregnancy, she should decide to stop drinking before becoming pregnant. The safest decision a woman can make is to completely avoid beer, wine, and hard liquor during her pregnancy. It is important to remember that many people may need professional help in order to stop using alcohol, tobacco, and other drugs. Women who need assistance to stop drinking during pregnancy should be advised to consult with their doctors or should be directed to agencies that can assist them to stop drinking.

Adapted from *Fetal Alcohol Syndrome: A Resource for Professionals (p.2)*, *Facts On Fetal Alcohol Spectrum Disorder* (2004, pamphlet), and *Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators* (pp. 3.12-3.14), with permission from the Saskatchewan Prevention Institute and Saskatchewan Learning.

Appendix 2 (continued): Teacher/Student Background Information About FASD

Whose babies are at highest risk of prenatal exposure to alcohol?

All pregnant women who consume alcohol are at risk, regardless of socioeconomic and educational background. Factors that increase the risk of damage to the fetus include poor nutrition, drug use, smoking, having a history of alcohol abuse and continuing to drink, experiencing untreated mental health problems, having a history of child sexual abuse, and not accessing prenatal care.

Some people have the idea that FASD occurs more frequently in families that are poor and/or poorly educated. However, one study of 6,000 pregnant women, as published in an issue of the journal *Obstetrics and Gynecology* (Aug., 1998), reported some interesting findings:

- About 15% of the women interviewed reported drinking alcoholic beverages while pregnant.
- Babies born to mothers in the following groups seemed to be at highest risk:
  - women with a college education
  - unmarried women
  - female students
  - women who smoke
  - women in households with an annual income greater than $50,000.

From "Alcohol consumption by pregnant women in the United States during 1988-1995" with permission from Ebrahim SH, Luman ET, Floyd RL, Murray CC, Bennett EM, Boyle CA.

Appendix 3: Some Frequently Asked Q/A About FASD

What is Fetal Alcohol Spectrum Disorder (FASD)?
This is an umbrella term identifying a range or spectrum of disabilities that a child can be born with because his/her mother consumed alcohol during pregnancy. (Note that ANY of the characteristics associated with FASD may also be present in people who do not have FASD.)

How does what the mother drinks affect the fetus?
Alcohol is a teratogen, a substance that can damage any cells that are growing and developing. During the nine months that the fetus develops, its nourishment, which makes the fetus grow and develop, comes from its mother. Whatever the mother consumes, the fetus consumes. When the mother drinks, the alcohol goes directly into her blood stream. Her blood feeds the placenta, which feeds the unborn child. Within minutes after having the drink, the blood/alcohol level will be the same in the fetus as it is in the mother.

What are some of the disabilities?
FASD may affect a person's:

- Physical features. For example, a person with FASD may be small, have a small head, small eye openings, a flat face, or a thin upper lip.
- Brain. Alcohol can interfere with the development of the brain and the central nervous system. For example, a person with FASD may find learning difficult and may have problems with memory, abstract thinking, and/or making judgements.
- Health. For example, a person with FASD can have an abnormal heart or skeleton and may have kidneys, eyes, or ears that do not function properly. That person may also have poor coordination.
- Behaviour. For example, a person with FASD can have trouble controlling impulses or responding appropriately in various social situations.

What are the long-term effects of FASD?

- Children born with FASD may go undiagnosed or may be misdiagnosed. Fetal Alcohol Spectrum Disorders are often invisible and therefore very hard to diagnose. (Keep in mind that pregnant women may have been unaware of the dangers of drinking, may have been unaware of the pregnancy, may have had addiction problems, or may not have had support while pregnant. Few people will intentionally hurt their unborn children.)
- People with FASD may have trouble at school. They may be intelligent and knowledgeable but have difficulty with things like following complex instructions or remembering facts. Because of behaviour problems, they may not "fit in," may be suspended, and may drop out.
- Some people with FASD, because of poor judgement and difficulty controlling impulses, are unable to live with their families and some get into trouble with the law.
- Children whose families and teachers understand FASD and take the time to work with them, giving them the necessary help and support, grow up with better skills to cope with their disabilities.

Can FASD be cured?
No. FASD is a lifelong disability. Although a person diagnosed with FASD can, with the right kind of support, learn to cope with her/his disability, it is a long and hard road.

Can FASD be prevented?
Yes. But because alcohol is widely used and a legal drug of choice for adults, 100% prevention of FASD will be difficult to achieve. Perhaps the best we can do is to make sure everyone knows about FASD and how to prevent it. There are two ways to prevent FASD:

- If you are pregnant or planning to get pregnant, do not drink alcohol.
- If you drink, do not get pregnant. (There is no safe amount of alcohol use during pregnancy.)

What is known about FASD?

- About one out of every 100 babies born in Canada suffers from the effects of prenatal alcohol exposure. This number is an estimate. There may be many people living with FASD who have not been diagnosed.
- FASD occurs throughout the world in all socioeconomic and ethnic groups.
- There is no safe time during the pregnancy to drink alcohol.

Appendix 3 (continued): Some Frequently Asked Q/A About FASD

- There are no known safe amounts of alcohol to take during pregnancy. However, regular and binge drinking (i.e., four or five drinks on one occasion for an adult, fewer for youth), are both considered to be high risk factors.
- Drinking alcohol along with poor nutrition, smoking, or other drug use increases the risk of damage to the fetus.

Appendix 4: Testing Newborns for Fetal Exposure to Drugs/Alcohol

Q: How can people be sure whether or not they have FASD?
A: If people suspect they might be affected by FASD, they should talk to their doctor. Only a qualified doctor can diagnose this disorder in young people or adults.

Q: How about babies. Can they be diagnosed?
A: Meconium testing is being used in some hospitals on newborn babies.

Q: What is meconium testing?
A: Meconium is the newborn baby's first feces. Meconium can be tested for fetal exposure to alcohol and other drugs that the mother has taken any time during the last 20 weeks of her pregnancy.

Q: Is meconium testing accurate?
A: According to various studies, the test seems to be easier to administer and more accurate than other tests tried to date.

Q: Does the test tell you whether or not the child has FASD?
A: No. It only tells you whether or not the fetus has been exposed to alcohol or other drugs.

Q: Then why bother with the test?
A: There are some good reasons. First, during the birth process and during the mother's visits to her doctor, it may not be obvious that she was consuming alcohol or other drugs during her pregnancy. Most doctors probably do not ask and mothers may not think to tell their doctor or may try to hide the fact. So then everyone assumes the baby is okay. When problems arise, the child may be misdiagnosed or never diagnosed at all. Second, it is most useful to know from a very young age that a child may have FASD. That way, parents and caregivers can begin right from the child's early age to watch for symptoms and support the child in appropriate ways. The children who have the kind of support and parenting that is best for them have a much better chance in life.

Q: So the test helps to be proactive rather than reactive?
A: Correct. Knowing that FASD is a possibility from the start can be helpful.

Q: Wouldn't a positive test result make parents worry, maybe unnecessarily?
A: That is a possibility. However, risking that may be worth it in the long run.

Q: Is this test now routine in hospitals?
A: No. A doctor has to ask the mother for her permission to conduct the test. If the doctor has no reason to believe that the fetus has been exposed to alcohol or other drugs, the doctor will likely not ask for permission and have the test done.

Q: Should the test be mandatory?
A: Some people think that would be a good idea. Others disagree. There are privacy, legal, and human rights issues that have to be considered. There are also costs involved as well as hospital and lab time.

Appendix 5: Viewing Guide for Videos

With Child, Without Alcohol

Sequence #1 and Sequence #5 of the video are recommended for use in this sample module. A discussion guide and recommended activities are included in the booklet that accompanies the *Facilitator Resource Kit.*

FAS Forward: A Fresh Look at Fetal Alcohol Syndrome

This video features various families. The teacher and students may watch and discuss the video footage in sections. As a guide to watching and discussing the videos, students may focus on the following:

- What challenges do the people affected by FASD face? (e.g., hyper-active, little control over anger, acting out, forgetfulness, difficulty understanding consequences, difficulty with schedules)
- What are some of the myths about FASD? (e.g., that people affected by FASD are not smart or creative, bad kids, do not listen)
- What difference did the diagnosis of FASD make to the people affected by FASD, the caregivers, and other family members? (Examples from the video include, "I knew something was wrong with me" and "Now I know what it is and I can deal with it".)
- How did parents and grandparents adjust their care-giving techniques? (e.g., emphasizing what children can do, schedules, lots of activities, open communication, setting up boundaries, being patient, realistic expectations, lots of structure, repeating things)
- How did the people affected by FASD enrich the lives of those near them?
- What support did or could a peer provide?
- How might the school or community support people affected by FASD?
- Why is it important to prevent FASD?

The Final Score: Winning Against FAS

The main message that there is no safe amount of alcohol consumption during pregnancy is presented in an upbeat manner using the game of basketball as an extended analogy. Because this video portrays only First Nations people, it needs to be balanced with the inclusion of other videos in the sample module to give the message that Fetal Alcohol Spectrum Disorder crosses all cultures. Caution: While this video is very good in many respects, it places too much emphasis on the facial features of individuals with FAS, which can lead to stigmatization. Teachers using this video may choose to show only certain segments, and should consider how to address potential issues of stigmatization in their classroom or school situation. Some questions to generate discussion include:

- What is the main message of the video?
- What challenges do the people affected by FASD face?
- In what ways is FASD like a basketball game?
- In what ways is the decision to not drink alcohol during pregnancy a difficult one for many people?
- What advice do the Elders give about drinking during pregnancy?
- What are a male's responsibilities in preventing FASD?
- Who is the "winner" in this video?

Appendix 6: Resources

Print

Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education (Print-Non-Fiction). Planned Parenthood Federation of Canada (PPFC), 2001. 385 pp. ISBN 0-9688118-0-9.
Resource has a wide range of information, teaching suggestions, and student handouts for Grades 1-12.

Kleinfeld, Judith. (Ed.). (2002). *Fantastic Antone Grows Up: Adolescents and Adults With Fetal Alcohol Syndrome*. Fairbanks, AK: University of Alaska Press (VLI).
This book focuses on helpful strategies to support people with FASD. It also features a number of 'stories' describing the challenges of living with FASD.

Kulp, Liz. (2000). *The Best I Can Be: Living With Fetal Alcohol Syndrome or Effects*. Brooklyn Park, MN: Better Endings New Beginnings (BTT).
A mother and her daughter tell their compelling stories of living day-to-day with FAS.

Video

FAS Forward: A Fresh Look at Fetal Alcohol Syndrome [Video] (2001). Edmonton, AB: ACCESS The Education Station (DSA).
Divided into three parts, the video highlights the lives of three families directly affected by FASD. Although this video is directed toward caregivers, teachers and students could use segments from it to infer what living with FASD is like and how they might support a student or peer with FASD. It would also be an excellent parent resource.

The Final Score: Winning Against FAS [Video]. (2001). Anchorage, AL: Rural Alaska Community Action Program.
Using a basketball analogy, the video features a pregnant teenager who has to decide whether or not to drink alcohol. Because this video portrays only First Nations people, it needs to be balanced with other resources to give the message that FASD crosses all cultures. The advice given from Elders about the importance of not drinking during pregnancy is very powerful.

Gibbons, Leeza. (Host). (1999). *The Truth About Sex (School Version)* [Video]. Chatsworth, CA: AIMS Multimedia (CLC).
Sexually active teenagers, some having unprotected sex, confront the challenges of parenthood at a young age. They also participate in a mock HIV test and visit a 33-year-old AIDS victim who shares her story. This video stresses that abstinence, condoms, or birth control pills are more responsible choices than unprotected sex. A presenter's guide is available from http://www.canlearn.com/guides-2344ATM.pdf. When asked for a PIN, users should enter 1-2344.

With Child, Without Alcohol [Video]. (n.d.). Winnipeg, MB: Manitoba Liquor Control Commission (MLQ).
This video contains a series of public service announcements related to the affects of drinking alcohol during pregnancy. Various segments may be used as discussion starters with students. A teacher's guide is included.

Websites

Alberta Children's Services: http://www.child.gov.ab.ca/whatwedo/fas/page.cfm?pg=index
This site has information and an interactive "test your (FASD) knowledge" component.

Canadian Centre on Substance Abuse: http://www.ccsa.ca
Select Language and then Topics. This site offers various articles on FASD and other substance abuse issues.

FASD Connections: http://www.fasdconnections.ca/
This B.C. site has a wide range of material about FASD, from journal articles to stories and poems written by people directly affected by FASD.

Fetal Alcohol Disorders Society (Ontario): http://www.faslink.org (link for Fetal Development Chart: http://www.faslink.org/teratogens.jpg)
Site has a wealth of articles and other materials available with an easy menu.

Ministry of Ontario Government Services: http://www.cbs.gov.on.ca/mcbs/english/699LLZ. htm
Questions and Answers about Sandy's Law appear at this URL. In addition, a link for a poster, warning of alcohol use during pregnancy, for printing is available at http://www.orhma.com

Public Health Agency of Canada: http://www.phac-aspc.gc.ca/fasd-etcaf/index.html
This site offers information about FASD and other health issues.

Human Resources

Health Help Line: 1-877-800-0002

Kids Help Phone Line (24 hours): 1-800-668-6868

Motherisk Alcohol and Substance Use Helpline: 1-877-327-4636
Website: http://www.motherisk.org/alcohol/index.php#one. Information about safe pregnancies.

Speakers Bureau: The Saskatchewan Prevention Institute in partnership with the FASD Support Network of Saskatchewan has speakers available around the province. To arrange for a speaker, please call the FASD Educator at 306-655-4077 (Saskatoon). A payment of honorarium/travel expenses is encouraged but is not required, in most cases.

Teacher/Parent Resources

Aboriginal Nurses Association of Canada. (2002). *Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities*, Ottawa, ON.
This culturally sensitive resource has a wealth of information and teaching suggestions.

Alberta Government on FASD: http://www.education.gov.ab.ca/fasd/
This site provides access to resources on teaching students affected by FASD.

FASD Support Network of Saskatchewan: http://www.skfasnetwork.ca
This site/agency is especially appropriate for parents/caregivers of children affected by FASD.

Planning for Students with Fetal Alcohol Spectrum Disorder: A Guide for Educators. (2004). Regina, SK: Saskatchewan Learning.
The resource may be located at: http://www.learning.gov.sk.ca/branches/children_services/special_ed/docs/misc/fasd2004.pdf and was also mailed to all schools.

Redefining Success: Raising Children Exposed Prenatally to Alcohol [Video]. (2001). British Columbia Ministry of Children (BCG).
This video features five families in British Columbia with adopted children who were prenatally exposed to alcohol. It is a useful source of background information on FASD for teachers, parents, and students who are also parents.

Saskatchewan Prevention Institute: http://www.preventioninstitute.sk.ca
The Institute has informative materials including *Fetal Alcohol Spectrum Disorder: A Resource for Professionals* and *FASD: Information Everyone Should Know*. Materials may be borrowed.

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